Image# 14940013855				PAGE 1 / 138
	EPORT OF REC ND DISBURSED Other Than An Authorized	MENTS		
			Office L	Jse Only
1. NAME OF TYP COMMITTEE (in full)		mple: If typing, type r the lines.	12FE4M5	
ADDRESS (number and street)	71 E BROAD ST			
Check if different than previously reported. (ACC)	COLUMBUS		OH 4321	5
2. FEC IDENTIFICATION NUMB		Ę		ZIP CODE
C C00336834	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) 	(b) Monthly Report Due On: Mar 20 (M3) Apr 20 (M4) (c) 12-Day PRE-Election Report for the: Election on (d) 30-Day POST-Election Report for the:		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 / 2013	through 12		113
	eport and to the best of my kno Michael L. Wiseman . <i>Wiseman</i>			D / Y Y Y Y Y
NOTE: Submission of false, erroneous	s, or incomplete information mav su	ubject the person sianina th	is Report to the penalt	ies of 2 U.S.C. §437a.
Office Use Only			FEC	C FORM 3X Rev. 12/2004

01/10/2014 08 : 15

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

R	eport Covering the Period: From:	M / D D / Y Y Y Y 01 2013	To: 12 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		8159.01
	(b) Cash on Hand at Beginning of Reporting Period	26013.51	
	(c) Total Receipts (from Line 19)	9572.60	41177.10
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	35586.11	49336.11
7.	Total Disbursements (from Line 31)	2500.00	16250.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33086.11	33086.11
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Image#	14940013857
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	9115.60	27082.40
(ii) Unitemized	457.00	14094.70
(iii) TOTAL (add	0570.00	41177.10
Lines 11(a)(i) and (ii)▶	9572.60	41177.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	9572.60	41177.10
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	, , ,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds (a) New Federal Assount 		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	
		0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	9572.60	41177.10
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	9572.60	41177.10

DETAILED SUMMARY PAGE

of Disbursements

	II. Disbursements	COLUMN A	COLUMN B
	Operating Expenditures:	Total This Period	Calendar Year-to-Date
•	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.0
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.0
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ►	0.00	0.0
	Transfers to Affiliated/Other Party Committees	0.00	0.0
	Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	3000.00
	Independent Expenditures	0.00	0.0
	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.0
	(b) Political Party Committees	0.00	0.0
	(c) Other Political Committees (such as PACs)	0.00	0.0
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))►	0.00	0.00
•	Other Disbursements	1500.00	13250.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.0
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	7 0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	16250.0
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2500.00	16250.00

FE6AN026

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	9572.60	41177.10
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	9572.60	41177.10
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

		for each category of the Detailed Summary Page		X 11a 13		11b	11c 15	12		17
Any information copied from such Reports and St. or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FU	ND							
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing	State OH	Zip Code 43016		Date of 10 Trans Amount	actio	11 n ID : \$	/ Y SA11AI eceipt th		3 'iod]
In Eonis Indiniou of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary Other (specify) ▼	C Occupation VP Persona Aggregate			payroll d	leduct	tion of \$	540		40.00	
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	State OH Occupation VP Persona Aggregate			Date of 10 Trans Amount	/ action t of E	25 <u>n ID : S</u> ach Re			3]
Full Name (Last, First, Middle Initial) Michael J. Agan Mailing Address 5658 Tynecastle Loop City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	State OH Occupation VP Persona Aggregate			Date of 11 Trans Amount payroll d	/ sactio t of E	08 on ID : {			,	
SUBTOTAL of Receipts This Page (optional)					- 7	1	20.00			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

Mailing Address 5658 Tynecastle Loop 20 City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. C Name of Employer Occupation Motorists Mutual Ins. Co. VP Personal Lines Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) State B. Michael J. Agan Date of Receipt His P Mailing Address 5668 Tynecastle Loop C City State Zip Code Dubin OH 43016 FEC ID number of contributing federal political committee. C Name of Employer Occupation Wotorists Mutual Ins. Co. VP Personal Lines Receipt For: Occupation Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt	2					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comparison of the commercial purposes, other than using the name and address of any political committee to solicit contributions from such comparison of the commercial purposes, other than using the name and address of any political committee to solicit contributions from such comparison of the compar	6 17					
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) A. Michael J. Agan Mailing Address 5658 Tynecastle Loop City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Pierce Name of Employer Occupation VP Personal Lines Receipt For: Other (specify) ▼ State Zip Code Dublin OH 43016 Transaction ID : SA11AL2021 B. Michael J. Agan Aggregate Year-to-Date ▼ payroll deduction of \$40 City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. Date of Receipt Name of Employer Occupation VP Personal Lines Aggregate Year-to-Date ▼ Payroll deduction of \$40 Name of Employer Occupation VP Personal Lines Aggregate Year-to-Date ▼ Payroll deduction of \$40 City Name of Employer Occupation VP Personal Lines Payroll deduction of \$40 Receipt For: Aggregate Year-to-Date ▼ Interver Payroll de	ributions imittee.					
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B. Michael J. Agan Date of Receipt Mailing Address 5658 Tynecastle Loop 12 06 20 City State Zip Code Transaction ID : SA11AL2029 Dublin OH 43016 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Occupation payroll deduction of \$40 Name of Employer Occupation VP Personal Lines payroll deduction of \$40 Receipt For: Aggregate Year-to-Date ▼ 1000.00 payroll deduction of \$40 Full Name (Last, First, Middle Initial) C Michael J. Agan Date of Receipt Mailing Address 5658 Tynecastle Loop City State Zip Code Transaction ID : SA11AL2036 OH 43016 Http://doi.org/10.00 Amount of Each Receipt this P 20 City State Zip Code Transaction ID : SA11AL2036 Dublin OH 43016 Amount of Each Receipt this P FEC ID number of contributing federal political committee. C Transaction ID : SA11AL2036 OH 43016 Amount of Each Receipt this P 20 20 Transaction ID : SA11AL2036 Amount of Each Rec						
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FEC ID number of contributing federal political committee. C Payroll deduction of \$40 Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines Payroll deduction of \$40 Receipt For: Aggregate Year-to-Date ▼ 1000.00 Payroll deduction of \$40 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt C. Michael J. Agan Date of Receipt 12 20 7 20 City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. C	ı					
federal political committee. C Name of Employer Motorists Mutual Ins. Co. Occupation VP Personal Lines payroll deduction of \$40 Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ payroll deduction of \$40 C. Michael J. Agan Mailing Address 5658 Tynecastle Loop Date of Receipt City Dublin State Zip Code OH Transaction ID : SA11AL2036 FEC ID number of contributing federal political committee. C Date of Each Receipt this Primary 20	riod					
Mathe of Linpoyer Occupation Motorists Mutual Ins. Co. VP Personal Lines Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Michael J. Agan Mailing Address 5658 Tynecastle Loop 12 City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. C	40.00					
Primary General Other (specify) ✓ Full Name (Last, First, Middle Initial) Other (specify) C. Michael J. Agan Mailing Address 5658 Tynecastle Loop Date of Receipt City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. C						
C. Michael J. Agan Date of Receipt Mailing Address 5658 Tynecastle Loop 12 20 20 City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. C						
City State Zip Code Dublin OH 43016 FEC ID number of contributing federal political committee. C						
Dublin OH 43016 FEC ID number of contributing federal political committee. C	у у 3					
FEC ID number of contributing federal political committee.)					
federal political committee.	riod					
\square navroll deduction of \$40	40.00					
Name of Employer Occupation						
Motorists Mutual Ins. Co. VP Personal Lines						
Receipt For: Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼ 1040.00						
SUBTOTAL of Receipts This Page (optional)	120.00					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and Si for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND						
Α.	Full Name (Last, First, Middle Initial) David R. Benseler Mailing Address 2746 Sandhurst Dr.	State	Zip Code	Date of Receipt					
	Lewis Center	OH	43035	Transaction ID : SA11AI.19998 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer	Occupation		payroll deduction of \$25					
	Motorist Mutual Ins. Co. Receipt For:	Assistant V		_					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00						
в.	Full Name (Last, First, Middle Initial) David R. Benseler			Date of Receipt					
	Mailing Address 2746 Sandhurst Dr.			10 25 2013					
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.19999 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer Motorist Mutual Ins. Co.	Occupation Assistant VI		 payroll deduction of \$25 					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00						
с.	Full Name (Last, First, Middle Initial) David R. Benseler		Date of Receipt						
Mailing Address 2746 Sandhurst Dr.				11 08 / Y Y Y Y 2013					
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.20000 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer	ame of Employer Occupation							
	Motorist Mutual Ins. Co. Receipt For:	Assistant V		_					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 575.00						
s	UBTOTAL of Receipts This Page (optional)		•	75.00					
l 1	OTAL This Period (last page this line number of	only)	••••••						

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) David R. Benseler Mailing Address 2746 Sandhurst Dr.			Date of Receipt
	City Lewis Center	State OH	Zip Code 43035	Transaction ID : SA11AI.20217 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorist Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Assistant V Aggregate		 payroll deduction of \$25
В.	Full Name (Last, First, Middle Initial) David R. Benseler Mailing Address 2746 Sandhurst Dr.		<u></u>	Date of Receipt
	City Lewis Center FEC ID number of contributing	State OH	Zip Code 43035	12 06 2013 Transaction ID : SA11AI.20291 Amount of Each Receipt this Period 25.00
	federal political committee. Name of Employer Motorist Mutual Ins. Co. Receipt For:	Occupation Assistant V	Р	payroll deduction of \$25
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	
C.	Full Name (Last, First, Middle Initial) David R. Benseler Mailing Address 2746 Sandhurst Dr.			Date of Receipt
	City Lewis Center	State OH	Zip Code 43035	12 20 2013 Transaction ID : SA11AI.20361 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00 payroll deduction of \$25
	Name of Employer Motorist Mutual Ins. Co. Receipt For:	Occupation Assistant V	Ϋ́Ρ	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
s	UBTOTAL of Receipts This Page (optional)		•	75.00
Т	OTAL This Period (last page this line number of	only)	••••••	7

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUN	١D					
Α.	Full Name (Last, First, Middle Initial) Mr. Richard B. Bowers Mailing Address S86 W33540 Short Drive				Date of Receipt				
	City	State	Zip Code		11 08 2013 Transaction ID : SA11AI.20001				
	Mukwonago	WI	53149-9306		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			125.00				
	Name of Employer Wilson Mutual Ins. Co.	Occupation Director			payroll deduction of \$125				
	Receipt For:		Year-to-Date ▼						
	Primary General Other (specify) ▼	Aggregate	500.00						
в.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet				Date of Receipt				
	Mailing Address 1831 265th Street				10 11 2013				
	City	State	Zip Code		Transaction ID : SA11AI.20002				
	Calamus	IA	52729		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			20.00				
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Info Te			payroll deduction of \$20				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00						
<u>с.</u>	Full Name (Last, First, Middle Initial) Mrs. Annette Braet				Date of Receipt				
	Mailing Address 1831 265th Street		M = M / D = D / Y = Y = Y Y 10 25 2013						
	City Calamus	State IA	Zip Code 52729		Transaction ID : SA11AI.20003 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			20.00					
	Name of Employer		payroll deduction of \$20						
	lowa Mutual Ins. Co.								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼]				
	Other (specify)		440.00						
\vdash	UBTOTAL of Receipts This Page (optional)				165.00				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND)							
Α.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street			Date of Receipt							
	City Calamus	State IA	Zip Code 52729	11 08 2013 Transaction ID : SA11AI.20004 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer Iowa Mutual Ins. Co. Receipt For:	Occupation V. P. Info T		payroll deduction of \$20							
	Primary General Other (specify) ▼		460.00	1							
в.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet Mailing Address 1831 265th Street	Date of Receipt									
	City Calamus	State IA	Zip Code 52729	11 22 2013 Transaction ID : SA11AI.20218 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer Iowa Mutual Ins. Co. Receipt For:	Occupation V. P. Info T	ech.								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	1							
c.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Date of Receipt							
	Mailing Address 1831 265th Street	State	Zip Code	12 06 2013 Transaction ID : SA11AI.20292							
	Calamus	IA	52729	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer	Occupation		payroll deduction of \$20							
	lowa Mutual Ins. Co. Receipt For:	V. P. Info T	ech. Year-to-Date ▼								
	Primary General Other (specify) ▼	Aggregate	500.00	1							
s	UBTOTAL of Receipts This Page (optional)		······	60.00							
т	OTAL This Period (last page this line number of	only)									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Mrs. Annette Braet			Date of Receipt							
	Mailing Address 1831 265th Street	State	Zip Code	12 20 2013							
	Calamus	IA	52729	Transaction ID : SA11AI.20362 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer	Occupation	1	payroll deduction of \$20							
	Iowa Mutual Ins. Co.	V. P. Info T	ech.								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00]							
В.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright	Date of Receipt									
	Mailing Address 4915 Norfolk Place			10 11 2013							
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.20005 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer Iowa Mutual Ins. Co.	Occupation Sr. V.P.	1	payroll deduction of \$15							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00								
С.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright			Date of Receipt							
	Mailing Address 4915 Norfolk Place	-		10 / Y Y Y Y Y 25 2013							
	City Bettendorf	State IA	Zip Code 52722	Transaction ID : SA11AI.20006 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation	1	payroll deduction of \$15							
	Iowa Mutual Ins. Co.	Sr. V.P.									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	1							
s	UBTOTAL of Receipts This Page (optional)			50.00							
Т	OTAL This Period (last page this line number	only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND uil Name (Last, First, Middle Initial) Mr. Jon A. Bright talling Address 4915 Norfolk Place ity State Stetendorf IA SEC ID number of contributing deral political committee. C me of Employer Occupation was Mutual Ins. Co. Sr. V.P. ecceipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ State ame of Employer Occupation was Mutual Ins. Co. Sr. V.P. ecceipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ State ame of Employer Occupation was Mutual Ins. Co. Sr. V.P. ecceipt For: Aggregate Year-to-Date ▼ Payroll deduction of \$15 Transaction ID: \$Al11AL20 Amount of Each Receipt Initial Transaction ID: \$Al11AL20 Mr. Jon A. Bright Date of Receipt Ialling Address 4915 Norfolk Place Initial Mr. Jon A. Bright Date of Receipt Ialling Address 4915 Norfolk Place Initial Mr. Jon A. Bright Date of Receipt Ial	12	17											
					for the		pose o	f soliciting	g contrib	utions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)													
Α.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright Mailing Address 4915 Norfolk Place													
	City	State	Zip Code		11 08 2013 Transaction ID : SA11AI.20007									
	Bettendorf	IA	52722		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						(† 4 5	1	5.00				
	Name of Employer			p	ayroll o	dedu	uction o	f \$15						
	Iowa Mutual Ins. Co.			_										
	Primary General	Aggregate	345.00											
В.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright				Date of Receipt									
	Mailing Address 4915 Norfolk Place													
	City				Trans	act	ion ID :	SA11AI.	20219					
	Bettendorf	IA	52722		Amoun	t of	Each F	Receipt th	nis Perioo	t				
	FEC ID number of contributing federal political committee.	С												
	Name of Employer Iowa Mutual Ins. Co.	· ·		— p;										
		Aggregate]										
c.	Full Name (Last, First, Middle Initial) Mr. Jon A. Bright				Date o	f Re	eceipt							
	Mailing Address 4915 Norfolk Place					/			у у 2013	Y				
	City Bettendorf									ł				
	FEC ID number of contributing federal political committee.	С					7		1	5.00				
	Name of Employer	Occupation		p	ayroll o	dedu	uction o	f \$15						
	Iowa Mutual Ins. Co.	Sr. V.P.												
	Receipt For:	Aggregate	Year-to-Date V											
			375.00	1										
							7	· · ·	45	5.00				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND								
Α.	v			Date of Receipt							
	City	State	Zip Code	12 20 2013 Transaction ID : SA11AI.20363							
	Bettendorf	IA	52722	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation	1	payroll deduction of \$15							
	Iowa Mutual Ins. Co.	Sr. V.P.		_							
		Aggregate	Year-to-Date ▼								
	Other (specify) ▼		390.00								
В.	Full Name (Last, First, Middle Initial) Thomas J. Brock			Date of Receipt							
	Mailing Address 60 E. Spring St. #326			M M / D D / Y Y Y Y Y 10 11 2013							
	City	State	Zip Code	Transaction ID : SA11AI.20008							
		UH	43215	Amount of Each Receipt this Period							
	federal political committee.	С		15.00							
	Name of Employer Motorists Mutual Ins Co	Occupation Asst. VP		payroli deduction or \$15							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00								
<u></u> с.	Full Name (Last, First, Middle Initial) Thomas J. Brock			Date of Receipt							
	Mailing Address 60 E. Spring St. #326			10 25 2013							
	City	State OH	Zip Code	Transaction ID : SA11AI.20010							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation		payroll deduction of \$15							
	Motorists Mutual Ins Co	Asst. VP									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		330.00								
Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of solid contributions from such committee. 13 14 15 16 11 NAME_OF COMMITTEE (in Full) MOTORSTS MUTUAL INSURANCE COMPANY CIVIC FUND NAME_OF COMMITTEE (in Full) Motorsts Mutual Ins. Co. Date of Receipt Pail Name (Last, First, Middle Initial) Receipt For: Primary Date of Receipt Date of Receipt Pair Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ payroll deduction of \$15 Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Pull Name (Last, First, Middle Initial) State Zip Code B. Thormas J. Brock Occupation State Zip Code Chy State Zip Code Transaction ID : SAT1AL20363 Pull Name (Last, First, Middle Initial) B. Thormas J. Brock Date of Receipt Name of Employer Occupation Aggregate Year-to-Date ▼ Payroll deduction of \$15 Notorist Mutual Ins Co Asst. VP Aggregate Year-to-Date ▼ Payroll deduction of \$15 Primary General Occupation Aggregate Year-to-Date ▼ Payroll deduction of \$15 Name of Employer Occupation Aggregate Year-t											
т	OTAL This Period (last page this line number of	only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	2	< 11a 13		11b 14	11c		12 16	17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and a	I ay not be sold or used by any pe Iddress of any political committee	erson to so	for the p	ourp tribu	ose of	solicitin	g co ch cc	ntribut	ions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUF	RANCE CO	OMPANY CIVIC FUND								
Full Name (Last, First, Middle Initial) Thomas J. Brock Mailing Address 60 E. Spring St. #326 City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For:	State OH C Occupation Asst. VP		_	Date of 11 Transa Amount	of I	08 on ID : Each R	SA11AI Receipt t	.200		ў 00
Primary General Other (specify)	Primary General Aggregate Tear-to-Date V									
Full Name (Last, First, Middle Initial) Thomas J. Brock Mailing Address 60 E. Spring St. #326 City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify)	State OH C Occupation Asst. VP Aggregate	Zip Code 43215 Year-to-Date ▼ 360.00	_	Date of 11 Transz Amount	of I	22 on ID : Each R	SA11AI Receipt t	.2022		ў 00
Full Name (Last, First, Middle Initial) C. Thomas J. Brock Mailing Address 60 E. Spring St. #326 City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼	State OH C Occupation Asst. VP Aggregate	Zip Code 43215		Date of 12 Transa Amount	/ acti of	06 on ID : Each R	SA11A	20 1 .202		
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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PAGE 16 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used by any personant address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY CIVIC FUND	
5	State Zip Code OH 43215	Date of Receipt 12 20 2013 Transaction ID : SA11AI.20364
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Westerville C FEC ID number of contributing federal political committee. C Name of Employer Motorists Mutual Ins. Company Occ Ass	State Zip Code DH 43082 Cupation sist. V. P. gregate Year-to-Date ▼ 315.00	Date of Receipt
Westerville C FEC ID number of contributing federal political committee. C Name of Employer Occ Motorists Mutual Ins. Company Descript For: Ass	State Zip Code OH 43082 Cupation sist. V. P. gregate Year-to-Date ▼ 330.00	Date of Receipt 10 25 2013 Transaction ID : SA11AI.20013 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each catego Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIV	IC FUND								
Α.	Full Name (Last, First, Middle Initial) Thomas D. Campana Mailing Address 6436 Meadow Glen N				Date of Receipt							
	City	State OH	Zip Code 43082		11 08 2013 Transaction ID : SA11AI.20014							
	Westerville FEC ID number of contributing federal political committee.	С	43062		Amount of Each Receipt this Period							
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P			payroll deduction of \$15							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	345.00								
в.	Full Name (Last, First, Middle Initial) Thomas D. Campana	Date of Receipt										
	Mailing Address 6436 Meadow Glen N	11 22 2013										
	City Westerville	State OH	Zip Code 43082		Transaction ID : SA11AI.20221 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			15.00							
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P			payroll deduction of \$15							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	360.00								
с.	Full Name (Last, First, Middle Initial) Thomas D. Campana				Date of Receipt							
	Mailing Address 6436 Meadow Glen N				12 06 2013							
	City Westerville	State OH	Zip Code 43082		Transaction ID : SA11AI.20295 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			15.00							
	Name of Employer	Occupation	I		payroll deduction of \$15							
	Motorists Mutual Ins. Company	Assist. V. P			-							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	375.00								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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		for each category of Detailed Summary Pa		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC F	UND	
Full Name (Last, First, Middle Initial) A. Thomas D. Campana Mailing Address 6436 Meadow Glen N City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary	State OH C Occupation Assist. V. P Aggregate			Date of Receipt 12 20 2013 Transaction ID : SA11AI.20365 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Full Name (Last, First, Middle Initial) B. Mr. Grady Campbell		390	0.00	Date of Receipt
Mailing Address 5760 Whispering Trail City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:		Zip Code 43021 N keting Services & PL Year-to-Date ▼]	Date of Receipt 10 11 2013 Transaction ID : SA11AI.20015 Amount of Each Receipt this Period 25.00 payroll deduction of \$25
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail		528	5.00	Date of Receipt
City Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: ☐ Primary ☐ General Other (specify) ▼		keting Services & PL Year-to-Date ▼	0.00	10 25 2013 Transaction ID : SA11AI.20016 Amount of Each Receipt this Period 25.00 payroll deduction of \$25 25.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE COM	PANY CIVIC FUND								
A. Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail City	State	Zip Code	Date of Receipt							
Galena FEC ID number of contributing federal political committee.	ОН	43021	Amount of Each Receipt this Period							
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Sr. VP Marketing Aggregate Year									
Full Name (Last, First, Middle Initial) B. Mr. Grady Campbell Mailing Address 5760 Whispering Trail City Galena	Date of Receipt									
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Sr. VP Marketing Aggregate Year	5	payroll deduction of \$25							
Full Name (Last, First, Middle Initial) C. Mr. Grady Campbell Mailing Address 5760 Whispering Trail City		Zip Code	Date of Receipt							
Galena FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	OH C Occupation Sr. VP Marketin Aggregate Year		Amount of Each Receipt this Period 25.00 payroll deduction of \$25							
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number										

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and St for commercial purposes, other than using the					1
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA					-
Α.	Full Name (Last, First, Middle Initial) Mr. Grady Campbell Mailing Address 5760 Whispering Trail				Date of Receipt	-
	City Galena	State OH	Zip Code 43021		12 20 2013 Transaction ID : SA11AI.20366	
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period	
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	1	xeting Services & PL Year-to-Date ▼	650.00	payroll deduction of \$25	
B.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive				Date of Receipt	-
	City Gahanna	State OH	Zip Code 43230		10112013Transaction ID : SA11AI.20018Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee. Name of Employer Motorists Life Ins. Co. Receipt For:		ce President Life Adr Year-to-Date ▼	n.	15.00 payroll deduction of \$15	
	Primary General Other (specify) ▼		ý ý ý	315.00		_
C.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig Mailing Address 4282 Hunts Drive				Date of Receipt	
	City Gahanna	State OH	Zip Code 43230		Transaction ID : SA11AI.20019 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			15.00	
	Name of Employer Motorists Life Ins. Co. Receipt For: Primary General Other (specify) ▼		ice President Life Adı Year-to-Date ▼	m. 330.00	payroll deduction of \$15	
s	UBTOTAL of Receipts This Page (optional)			····· ►	55.00	-
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a 13		11b	\vdash	11c		12 16	17		
	y information copied from such Reports and St				or the		pose			, con	ntributi			
or	for commercial purposes, other than using the													
\ \	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig			Date of Receipt										
	Mailing Address 4282 Hunts Drive				11 08 2013									
	City	State OH	Zip Code 43230	Transaction ID : SA11AI.20020										
	Gahanna	ОП	43230	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer	Occupation		p;	ayroll d	ledu	iction	of \$	\$15					
	Motorists Life Ins. Co.	Assistant V	ice President Life Adm.	_										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00											
	Full Name (Last, First, Middle Initial) Mrs. Camille Craig				Date of	f Ro								
	Mailing Address 4282 Hunts Drive			1										
			Zip Code	- 1	11			22		201	13			
	City						SA11AL							
-	Gahanna	-	Amount	t of	Each	ı Re	eceipt th	is Pe	eriod					
	FEC ID number of contributing federal political committee.	С			payroll deduction of \$15									
	Name of Employer Motorists Life Ins. Co.	Occupation		— pa										
	Receipt For:		ce President Life Adm.	_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00											
с.	Full Name (Last, First, Middle Initial) Mrs. Camille Craig				Date of	f Re	ceipt							
·	Mailing Address 4282 Hunts Drive				M M 12	/	D	D 06	/ Y	20 ²	ү 13	Y		
	City	State	Zip Code		Trans	acti	ion II	D : S	SA11AI.	2029) 7			
	Gahanna	ОН	43230	_ /	Amount	t of	Each	۱ Re	eceipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	С					5		* 4 F	_	15.	00		
	Name of Employer	Occupation		p	ayroll c	iedu	Iction	OTS	\$15					
	Motorists Life Ins. Co.	Assistant V	ice President Life Adm.											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		375.00											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page	×	11a 13		11b 14	11c	12	17					
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or for commercial purposes, other than usin	ng the name and a	ddress of any political committee	e to sol	icit cor	ntrib	utions	from suc	h commit	tee.					
	URANCE CO	OMPANY CIVIC FUND	I											
Full Name (Last, First, Middle Initial) Mrs. Camille Craig			[Date of Receipt										
Mailing Address 4282 Hunts Drive				12 20 2013										
City	State OH	Zip Code 43230	_	Transaction ID : SA11AI.20367										
Gahanna	OIT	43230	/	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C					J	• • • •	15	5.00					
Name of Employer	Occupation		pa	ayroll d	ledu	ction o	f \$15							
Motorists Life Ins. Co.	Assistant V	ice President Life Adm.	_											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	1											
Full Name (Last, First, Middle Initial) B. Mrs. Rose DePontes				Date of	Re	ceipt								
Mailing Address 53 Nottingham Road	-						M = M / D = D / Y = Y = Y = Y 10 11 2013							
City	State	Zip Code	_				SA11AI.							
Columbus														
FEC ID number of contributing federal political committee.	С			15.00										
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P		— pa	 payroll deduction of \$15 										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00												
Full Name (Last, First, Middle Initial) C. Mrs. Rose DePontes			[Date of	Re	ceipt								
Mailing Address 53 Nottingham Road				м м 10	/	D 25		2013	Y					
City Columbus	State OH	Zip Code 43214					: SA11AI Receipt th	.20023 his Period						
FEC ID number of contributing federal political committee.	C					,		1;	5.00					
Name of Employer	Occupation	1	p	ayroll d	ledu	iction o	f \$15							
Motorists Mutual Ins. Co.	Assist. V. F).												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		330.00												
SUBTOTAL of Receipts This Page (option	al)		•			7		45	.00					
TOTAL This Period (last page this line nu	mber only)					,								

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVI	C FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes				Date of Receipt
	Mailing Address 53 Nottingham Road	Ctoto	Zin Codo		11 08 2013
	City Columbus	State OH	Zip Code 43214		Transaction ID : SA11AI.20024 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P			payroll deduction of \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	345.00	
В.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes				Date of Receipt
	Mailing Address 53 Nottingham Road				11 22 2013
	City Columbus	State OH	Zip Code 43214		Transaction ID : SA11AI.20224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P			payroll deduction of \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	360.00	
C.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes				Date of Receipt
	Mailing Address 53 Nottingham Road				12 06 / Y Y Y Y Y 12 06 2013
	City Columbus	State OH	Zip Code 43214		Transaction ID : SA11AI.20298 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			15.00
	Name of Employer	Occupation	1		payroll deduction of \$15
	Motorists Mutual Ins. Co. Receipt For:	Assist. V. F			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	375.00	
s	UBTOTAL of Receipts This Page (optional)				45.00
	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 24 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mrs. Rose DePontes Mailing Address 53 Nottingham Road			Date of Receipt
	City	State	Zip Code	12 20 2013 Transaction ID : SA11AI.20368
	Columbus FEC ID number of contributing federal political committee.	ОН	43214	Amount of Each Receipt this Period
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Assist. V. P Aggregate		payroll deduction of \$15
	Other (specify)		390.00	
В.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 4084 Herald Square PI			Date of Receipt
	City Dublin	State OH	Zip Code 43016	10 11 2013 Transaction ID : SA11AI.20025 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Vice Presid	ent	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	
C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson			Date of Receipt
	Mailing Address 4084 Herald Square PI	State	Zip Code	10 25 2013 Transaction ID : SA11AI.20026
	Dublin	OH	43016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 550.00	
s	UBTOTAL of Receipts This Page (optional)			65.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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••			Detailed Summary Page	2	< 11a 13		11b 14		1c	12	ſ	17				
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose o	of solid	citing o	contril	butic	ons				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR															
A .	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 4084 Herald Square PI City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Vice Presid Aggregate		Date of Receipt Tansaction ID : SA11AI.20027 Amount of Each Receipt this Period payroll deduction of \$25												
В.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 4084 Herald Square PI City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Vice Presid Aggregate			Date of 11 Trans Amount ayroll de	of	22 ion ID : Each I	2 : SA1 Recei	1AI.20	Perio		0				
C.	Full Name (Last, First, Middle Initial) Douglas L. Dodson Mailing Address 4084 Herald Square PI City Dublin FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	State OH C Occupation Vice Presid Aggregate			Date of 12 Trans Amount	/ act of	ion ID Each I	6 <u>: SA1</u> Recei	11AI.20	Perio		00				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	
			any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CC	MPANY CIVIC FU	JND
Full Name (Last, First, Middle Initial) A. Douglas L. Dodson Mailing Address 4084 Herald Square PI City Dublin	State OH	Zip Code 43016	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C Occupation		Amount of Each Receipt this Period 25.00 payroll deduction of \$25
Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Vice Presid	ent Year-to-Date ▼ 650.0	00
Full Name (Last, First, Middle Initial) B. Stephen T. Entenmann Mailing Address 7271 Middletown Rd.	State	Zip Code	Date of Receipt
Galion FEC ID number of contributing federal political committee.	он	44833	Amount of Each Receipt this Period
Name of Employer The Motorists Mutual Insurance Receipt For: Primary General Other (specify) ▼	Occupation Asst. Vice F Aggregate		00
Full Name (Last, First, Middle Initial) C. Stephen T. Entenmann Mailing Address 7271 Middletown Rd.	-		Date of Receipt
City Galion FEC ID number of contributing federal political committee. Name of Employer The Motorists Mutual Insurance Receipt For: Primary General	State OH C Occupation Asst. Vice F Aggregate		IO 25 2013 Transaction ID : SA11AI.20029 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a		11b	11c	12						
An	y information copied from such Reports and S	itatements ma	av not be sold or used by any ne	erson f	13 or the	DUrr	14 Dose of	15 solicitina	contri		17 0ns				
	for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
\backslash	MOTORISTS MUTUAL INSUR		DIVIPAINT CIVIC FUND												
A.	Full Name (Last, First, Middle Initial) Stephen T. Entenmann				Date of	Ro	reint								
A .	Mailing Address 7271 Middletown Rd.					_	· .) / Y	Y	Y					
		<u></u>	7. 0. 1		11		08		2013	3					
	City Galion	State OH	Zip Code 44833					SA11AI.2		od					
	FEC ID number of contributing	-		_	Amount			leceipt thi							
	federal political committee.	С			15.0	00									
	Name of Employer	Occupation		payroll deduction of \$15											
	The Motorists Mutual Insurance	Asst. Vice F		_											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		345.00												
B	Full Name (Last, First, Middle Initial) Stephen T. Entenmann				Date of	Re	ceipt								
	Mailing Address 7271 Middletown Rd.					/		/ Y	Y	Y					
		01.1	7'- 0-1-	11 22 2013											
	City Galion	State OH	Zip Code 44833		Transaction ID : SA11AI.20226 Amount of Each Receipt this Period										
	FEC ID number of contributing														
	federal political committee.	С					tion of			15.0	0				
	Name of Employer The Motorists Mutual Insurance	Occupation		_ pa	ayroll de	eduo	ction of	915							
	Receipt For:	Asst. Vice F													
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)	L	360.00												
с.	Full Name (Last, First, Middle Initial) Stephen T. Entenmann				Date of	Re	ceipt								
	Mailing Address 7271 Middletown Rd.				^M ^M	/	06) / Y	2013						
	City Galion	State OH	Zip Code 44833					SA11AI.2							
		ОП	44833	-	Amount	of	Each R	leceipt thi	s Peri	od					
	FEC ID number of contributing federal political committee.	С					,	ф <i>а</i> г		15.0	00				
	Name of Employer	Occupation	1	P	ayroll d	edu	iction of	915							
	The Motorists Mutual Insurance	Asst. Vice I													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		375.00												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		r				3			45.0	0				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR		MPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Stephen T. Entenmann Mailing Address 7271 Middletown Rd. City Galion FEC ID number of contributing federal political committee. Name of Employer The Motorists Mutual Insurance Receipt For: Primary General Other (energing)	State OH C Occupation Asst. Vice P Aggregate		Date of Receipt 12 20 2013 Transaction ID : SA11AI.20370 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Jason M Eppley Mailing Address 7918 Brianna Drive City Blacklick FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co Receipt For: Primary General Other (specify) ▼		Zip Code 43004	Date of Receipt 10 11 2013 Transaction ID : SA11AI.20031 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Full Name (Last, First, Middle Initial) C. Mr. Jason M Eppley Mailing Address 7918 Brianna Drive City Blacklick FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co Receipt For: Primary General Other (specify) ▼		Zip Code 43004 nercial Production & Services Year-to-Date ▼ 330.00	Date of Receipt 10 25 2013 Transaction ID : SA11AI.20032 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Mr. Jason M Eppley Mailing Address 7918 Brianna Drive			C	Date of	_	· .				
	City	State	Zip Code	41	11 Tranc		08		2013	Y	
	Blacklick	OH	43004					Receipt th		ł	
	FEC ID number of contributing federal political committee.	С			wroll d		, .	f \$ 1 5	1:	5.00	
	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Comr	nercial Production & Services	_ pa	ayroli d	eau	ction of	1 9 1 9			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00								
в.	Full Name (Last, First, Middle Initial) Mr. Jason M Eppley Mailing Address 7918 Brianna Drive				Date of	Re	ceipt		YY	Y	
	City	State	Zip Code	44	11	acti	22		2013		
	Blacklick	ОН	43004					Receipt th		b	
	FEC ID number of contributing federal political committee.	С					,		1;	5.00	
	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, Comm	nercial Production & Services	— pa	yroll de	educ	ction of	\$15			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
C.	Full Name (Last, First, Middle Initial) Mr. Jason M Eppley			C	Date of	Re	ceipt				
	Mailing Address 7918 Brianna Drive				м м 12	1	06		у у 2013	Y	
	City Blacklick	State OH	Zip Code 43004	A				: SA11AI. Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,	,	1	5.00	
	Name of Employer	Occupation	1	pa	ayroll d	ledu	ction of	f \$15			
	Motorists Mutual Insurance Co Receipt For:	AVP, Comr	mercial Production & Services	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		375.00								
s	UBTOTAL of Receipts This Page (optional)		•				9		45	5.00	
т	OTAL This Period (last page this line number o	only)	•••••	. [,	7			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA			
Α.	Full Name (Last, First, Middle Initial) Mr. Jason M Eppley			Date of Receipt
	Mailing Address 7918 Brianna Drive	State	Zip Code	12 20 2013
	Blacklick	OH	43004	Transaction ID : SA11AI.20371 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation	1	payroll deduction of \$15
	Motorists Mutual Insurance Co	AVP, Comr	mercial Production & Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		390.00]
B.	Full Name (Last, First, Middle Initial) Jeffrey S Fee			Date of Receipt
	Mailing Address 537 Courtright Court			10 11 2013
	City	State	Zip Code	Transaction ID : SA11AI.20034
	Pickerington	OH	43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Asst Vice P	n resident Commercial Lines	— payroll deduction of \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]
C.	Full Name (Last, First, Middle Initial) Jeffrey S Fee			Date of Receipt
	Mailing Address 537 Courtright Court			10 25 2013
	City Pickerington	State OH	Zip Code 43147	Transaction ID : SA11AI.20035 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation	1	payroll deduction of \$15
	Motorists Mutual Ins. Co.	Asst Vice F	President Commercial Lines	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		240.00]
s	UBTOTAL of Receipts This Page (optional)			45.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	<u> </u>	11a		11b		11c	12	
				13		14		15	16	17
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	and hame and a	active of any political commute	, 10 30			anor	10 110	5001		
	RANCE CC	MPANY CIVIC FUND								
Full Name (Last, First, Middle Initial)										
A. Jeffrey S Fee			I	Date of	f Re	ceip	t			
Mailing Address 537 Courtright Court				M M	/	D	D	/ Y	Y Y	Y
	01-1-	Zie Cada	41	11			08		2013	
City Pickerington	State OH	Zip Code 43147						A11AL		
		ודועד	_ /	Amount	t of	⊦acl	n Re	ceipt th	is Period	
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				ayroll d	امط		مf ه	15		
Name of Employer	Occupation			ayrull 0	euu	CUOF	1013	10		
Motorists Mutual Ins. Co.	Asst Vice P	resident Commercial Lines								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		255.00								
		7 7								
Full Name (Last, First, Middle Initial)										
B. Jeffrey S Fee			1	Date of	f Re	ceip	t			
Mailing Address 537 Courtright Court				M M	/	D	D	/ Y	YY	Y
				11			22	L	2013	
City	State	Zip Code						A11AI.:		
Pickerington	OH	43147	/	Amount	t of	Eacl	n Re	ceipt th	is Period	
FEC ID number of contributing	С								15	.00
federal political committee.	-					7				
Name of Employer	Occupation		pa	ayroll d	eduo	ction	of \$	15		
Motorists Mutual Ins. Co.	Asst Vice P	resident Commercial Lines								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		270.00								
Other (specify)		, , , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial)										
c. Jeffrey S Fee			1	Date of	f Re	ceip	t			
Mailing Address 537 Courtright Court				M M	/		D	/ Y	Y Y	Y
				12	L.		06		2013	
City	State	Zip Code						A11AI.		
Pickerington	OH	43147	/	Amount	t of	Eacl	n Re	ceipt th	is Period	
FEC ID number of contributing	С								15	.00
federal political committee.			-		100.	J	م e	15		
Name of Employer	Occupation			ayroll c	ieuu	CUO	1013	10		
Motorists Mutual Ins. Co.	Asst Vice P	resident Commercial Lines								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		285.00								
Other (specify)		203.00								
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TOTAL This Period (last page this line numb	er only)	••••••				7		7		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	\vdash	11		11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		pos	se of	soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA								5 640		
<u> </u>	Full Name (Last, First, Middle Initial) Jeffrey S Fee				Date of	Re	ecei	ipt			
	Mailing Address 537 Courtright Court				M M	/		20	/ Y	у у 2013	Y
	City Pickerington	State OH	Zip Code 43147						SA11AI. eceipt th	. 20372 nis Period	d
	FEC ID number of contributing federal political committee.	С					7		7	1	5.00
		Occupation Asst Vice P	resident Commercial Lines	p;	ayroll d	edu	uctio	on of S	\$15		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
B.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd				Date of	Re	_	ipt	/	- Y - Y	Y
	City	State	Zip Code		10	ĺ	L	11	/ 1	2013	
	Englewood	FL	34224	4					SA11AL	.20037 nis Perioc	d
	FEC ID number of contributing federal political committee.	С					7				0.10
		Occupation Director		pa	ayroll de	edu	ictio	on of \$	570.10		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1697.10								
C.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester				Date of	Re	ecei	ipt			
	Mailing Address 9240 Griggs Rd				м м 10	/	Г	25	/ Y	ү ү 2013	Y
	City Englewood	State FL	Zip Code 34224						SA11AI. eceipt th	.20038 his Period	d
	FEC ID number of contributing federal political committee.	С				la alu	7		¢70.40	7	0.10
	Name of Employer	Occupation		p	ayroll d	leau	UCTIO	onor	\$70.10		
	Motorists Mutual Insurance Co.	Director									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1767.20								
s	UBTOTAL of Receipts This Page (optional)		•••••				7		7	155	5.20
т	OTAL This Period (last page this line number or	nly)									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	E COMPANY CIVIC FUND	
Englewood F FEC ID number of contributing federal political committee. C Name of Employer Occ Dire Motorists Mutual Insurance Co. Dire	tate Zip Code FL 34224 cupation ector gregate Year-to-Date ▼ 1837.30	Date of Receipt
Englewood F FEC ID number of contributing federal political committee. C Name of Employer Motorists Mutual Insurance Co. Occ Dire		Date of Receipt
Englewood F FEC ID number of contributing federal political committee. C Name of Employer Occ Dire Motorists Mutual Insurance Co. Dire	tate Zip Code FL 34224 cupation ector gregate Year-to-Date ▼ 1982.40	Date of Receipt 11 22 2013 Transaction ID : SA11AI.20232 Amount of Each Receipt this Period 70.10 payroll deduction of \$70.10
SUBTOTAL of Receipts This Page (optional)		215.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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'			Detailed Summary Page	}	✓ 11a 13	╞	11b 14	╞	11c 15		12 16	17
	y information copied from such Reports and Si for commercial purposes, other than using the				for the		pose		soliciting	cont	tributi	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA											
Α.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd				Date of		D	t 06	/ Y	۲ 20	ү 13	Y
	City Englewood	State FL	Zip Code 34224	_					SA11AI.: eceipt th			
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		_	payroll d		uction	of \$	\$70.10		70.	10
	Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Director Aggregate	Year-to-Date ▼ 2052.50									
в.	Full Name (Last, First, Middle Initial) Mr. Larry L. Forrester Mailing Address 9240 Griggs Rd			_	Date of	f Re	D	t 20	/ Y	Y 201	ү 13	Ŷ
	City Englewood FEC ID number of contributing	State FL	Zip Code 34224	_					SA11AI.2 eceipt th			10
	federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Occupation Director	Year-to-Date ▼ 2122.60		bayroll de		ction	of \$	\$70.10	1	70.	
 C.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp				Date of	Re	eceipt					
	Mailing Address 3123 Summit Street	01.1	7. 0.1		м м 10	Ŀ		D 11		y 201	13	Y
	City Columbus	State OH	Zip Code 43202						SA11AI.: eceipt th			
	FEC ID number of contributing federal political committee.	С			payroll d	ledu	, uction	of	\$15	_	15.	00
	Name of Employer Motorists Mutual Insurance Co.	Occupation Asst VP					letion	013	ψīσ			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00									
s	UBTOTAL of Receipts This Page (optional)		•		[.		7		- 7		155.2	20
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting		ntribut	ions		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/	ANCE CO	OMPANY CIVIC FUNE)										
A.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	State OH C Occupation Asst VP Aggregate	Zip Code 43202 Year-to-Date ▼ 330.00		Date of Receipt									
В.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	State OH C Occupation Asst VP Aggregate	Zip Code 43202 Year-to-Date ▼ 345.00			acti	ion II Each	08 0 : S	SA11AI.2	20 2004		Ŷ 00		
C.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	State OH C Occupation Asst VP Aggregate	Zip Code 43202 Year-to-Date ▼ 360.00			act	tion II Each	22 D:\$	7 Y SA11AI. ecceipt th \$15	20 202	Period	00		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11		11c 15		12 16	17					
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	A not be sold or used by any pe ddress of any political committee	erson f	or the	l purp ntrib	pos	se of s	solicitin	g co ch co	ntribut	ions					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA																
Α.	Mailing Address 3123 Summit Street City Columbus		Date of Receipt														
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For:	C Occupation Asst VP Aggregate	Year-to-Date ▼ 375.00	payroll deduction of \$15								00					
в.	Full Name (Last, First, Middle Initial) Joseph P Fullenkamp Mailing Address 3123 Summit Street City State Zip Code						Date of Receipt 12 20 2013 Transaction ID : SA11AI.20375										
	Columbus FEC ID number of contributing federal political committee.	OH C	43202		Amount of Each Receipt this Period 15.00 payroll deduction of \$15												
	Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Asst VP	Year-to-Date ▼ 390.00		_												
c.	Full Name (Last, First, Middle Initial) Charles R. Gaskill Mailing Address 1425 Briarmeadow Dr.							Date of Receipt									
	City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼		Zip Code 43235 orate Counsel Year-to-Date ▼ 210.00		10 Trans Amount ayroll d	of	Ea	ach Re		.200	Period	00					
s	UBTOTAL of Receipts This Page (optional)		•••••				,	-	- 7		40.	00					
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CC	MPANY CIVIC FUND	I
Full Name (Last, First, Middle Initial) Charles R. Gaskill Mailing Address 1425 Briarmeadow Dr. City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)		Zip Code 43235 prate Counsel Year-to-Date ▼ 220.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Charles R. Gaskill Mailing Address 1425 Briarmeadow Dr. City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	·	Zip Code 43235 orate Counsel Year-to-Date ▼ 230.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Charles R. Gaskill Mailing Address 1425 Briarmeadow Dr. City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	·	Zip Code 43235 prate Counsel Year-to-Date ▼ 240.00	Date of Receipt
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Charles R. Gaskill Mailing Address 1425 Briarmeadow Dr.	State	Zip Code	Date of Receipt
	Columbus	OH	43235	Transaction ID : SA11AI.20306 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer	Occupation		 payroll deduction of \$10
	Motorists Mutual Ins. Company Receipt For:		orate Counsel	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 1425 Briarmeadow Dr.			12 20 2013
	City	State	Zip Code	Transaction ID : SA11AI.20376
	Columbus	OH	43235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Motorists Mutual Ins. Company	Occupation V. P., Corpo	orate Counsel	 payroll deduction of \$10
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms Ying George			Date of Receipt
	Mailing Address 1389 Glenn Ave			M M / D D / Y Y Y Y 10 11 2013
	City Columbus	State OH	Zip Code 43212	Transaction ID : SA11AI.20047
			45212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00 payroll deduction of \$15
	Name of Employer	Occupation		
	Motorists Mutual Insurance Co. Receipt For:	AVP, Tax S		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
s	UBTOTAL of Receipts This Page (optional)			35.00
Т	OTAL This Period (last page this line number o	nly)	•	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COMPANY CIVIC FUN	۱D
✓ Full Name (Last, First, Middle Initial) A. Ms Ying George Mailing Address 1389 Glenn Ave City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify)	State Zip Code OH 43212 C Occupation OVP, Tax Services Aggregate Year-to-Date ▼ 330.00 330.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Ms Ying George Mailing Address 1389 Glenn Ave City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43212 C Occupation AVP, Tax Services Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 345.00	Date of Receipt Tansaction ID : SA11AI.20049 Amount of Each Receipt this Period payroll deduction of \$15
Full Name (Last, First, Middle Initial) C. Ms Ying George Mailing Address 1389 Glenn Ave City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43212 C Occupation AVP, Tax Services Aggregate Year-to-Date ▼ 360.00 360.00	Date of Receipt Tansaction ID : SA11AI.20235 Amount of Each Receipt this Period payroll deduction of \$15
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUN	D	
Α.	Full Name (Last, First, Middle Initial) Ms Ying George Mailing Address 1389 Glenn Ave			Date of Receipt	
	City Columbus	State OH	Zip Code 43212	12 06 2013 Transaction ID : SA11AI.20307 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		15.00	
	Name of Employer Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼	Occupation AVP, Tax S Aggregate		payroll deduction of \$15	
В.	Full Name (Last, First, Middle Initial) Ms Ying George Mailing Address 1389 Glenn Ave			Date of Receipt	
	City Columbus FEC ID number of contributing	State OH	Zip Code 43212	Transaction ID : SA11AI.20377 Amount of Each Receipt this Period 15.00	1
	federal political committee. Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Tax S		payroll deduction of \$15	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00		
с.	Full Name (Last, First, Middle Initial) Rolf H. Gesen			Date of Receipt	
	Mailing Address 63 Penacook Rd.			10 / Y Y Y Y 10 11 2013	
	City Contoocook	State NH	Zip Code 03229	Transaction ID : SA11AI.20050 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		25.00	
	Name of Employer Phenix Mutual	Occupation President		payroll deduction of \$25	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00		
s	UBTOTAL of Receipts This Page (optional)			55.00]
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			Detailed Summary Page		11a 13		11b		11c 15	12	Г	17				
	y information copied from such Reports and for commercial purposes, other than using th				or the		pose		liciting	contrit		ns				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND)												
A .				[Date of											
	Mailing Address 63 Penacook Rd.	State	Zip Code	_ [10 25 2013 Transaction ID : SA11AI.20051											
	Contoocook	NH 03229 Amount of Each Receipt this														
	FEC ID number of contributing federal political committee.	С					7		7	:	25.0					
	Name of Employer	Occupation	1	— pa	ayroll d	ledu	uction	of \$2	25							
	Phenix Mutual Receipt For:	President	Year-to-Date ▼	_												
	Primary General Other (specify) ▼		550.00]												
В.	Full Name (Last, First, Middle Initial) Rolf H. Gesen	I			Date of	f Re	eceipt									
	Mailing Address 63 Penacook Rd.				™ _ M 1_1	1		D 08	/ Y	y y 2013	Y]				
	City Contoocook	State NH	Zip Code 03229						A11AI.2		d					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period												
	Name of Employer Phenix Mutual	Occupation President	1	— pa	iyroll d	edu	ction	of \$2	25							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00]												
C.	Full Name (Last, First, Middle Initial) Rolf H. Gesen	1			Date of	f Re	eceipt									
	Mailing Address 63 Penacook Rd.				M M	/		D 22	/ Y	2013	Y	1				
	City Contoocook	State NH	Zip Code 03229	A					A11AI.: ceipt th	20236 is Perio	bd					
	FEC ID number of contributing federal political committee.	С					7				25.0	0				
	Name of Employer	Occupation	1	pa	ayroll d	ledu	uction	of \$2	25							
	Phenix Mutual Receipt For:	President														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00													
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·					7		3	7	75.00)				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND	
Α.				Date of Receipt
	Mailing Address 63 Penacook Rd.	State	Zip Code	12 06 2013 Transaction ID : SA11Al.20308
	Contoocook	NH	03229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	l	payroll deduction of \$25
	Phenix Mutual	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		625.00	
в.	Full Name (Last, First, Middle Initial) Rolf H. Gesen			Date of Receipt
	Mailing Address 63 Penacook Rd.			M = M / D = D / Y = Y = Y = Y 12 20 2013
	City	State	Zip Code	Transaction ID : SA11AI.20378
	Contoocook	NH	03229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Phenix Mutual	Occupation President		 payroll deduction of \$25
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		650.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons			Date of Receipt
	Mailing Address 14 Burreed Court			10 / D D / Y Y Y Y 10 11 2013
	City Pataskala	State OH	Zip Code 43062	Transaction ID : SA11AI.20053
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	payroll deduction of \$15
	Motorists Mutual Ins. Company	Assist. V. P	P. Personal Lines Adm.	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		315.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		< 11a 13		11b		11c		12 16	17	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe	erson	for the	pur pur	pose	e of s	soliciting		ntributi	ons	
<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA												
A .	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court				Date o			ot D	/ Y	Y	Y	Y	
	City Pataskala	State OH	Zip Code 43062	_	10 25 2013 Transaction ID : SA11AI.20054 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.					,			is F	eriod 15.	00		
	Name of Employer Motorists Mutual Ins. Company Receipt For:	. Personal Lines Adm. Year-to-Date ▼	— F	bayroll c	ledu	uctior	n of \$	515					
	Other (specify) ▼	330.00											
В.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court				Date o		D	D	/ Y	Y	Y	Y	
	City Pataskala	State OH	Zip Code 43062	_			ion I		A11AI.2	200			
	FEC ID number of contributing federal political committee.	С			ayroll d	edu	, ction	n of ¢	15		15.	00	
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P	Personal Lines Adm.		ayıon u	Guu	GUUI	ιυφ	10				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00										
C.	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court				Date o								
	City	State	Zip Code		11 Trans			22 	5A11AL	20)13 37	Y	
	Pataskala	ОН	43062	_					ceipt th			_	
	FEC ID number of contributing federal political committee.	С		_	bayroll o	ledu	,	n of \$		_	15.	00	
	Name of Employer Motorists Mutual Ins. Company	Occupation	. Personal Lines Adm.	1	Jayron C			ΠΟΓΨ	,10				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a		11		11c 15	\vdash	12 16	17	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND									
A .	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court City Pataskala FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)		Zip Code 43062 . Personal Lines Adm. Year-to-Date ▼ 375.00	_	Date of 12 Trans Amount	/ acti t of	ion Ea	06 1 ID : S ach Re	A11AI.	20 203		У 00
	Full Name (Last, First, Middle Initial) Mrs. Jeanne I. Gibbons Mailing Address 14 Burreed Court City Pataskala FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼		Zip Code 43062 . Personal Lines Adm. Year-to-Date ▼ 390.00	_	Date of 12 Trans Amount ayroll de	/ acti t of	ion Ea	20 1 D : S ach Re		20 2037		Y 20
C.	Full Name (Last, First, Middle Initial) Elizabeth Graham Mailing Address 3128 Ellis Place City Columbus FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼		Zip Code 43204 nal Lines Underwriting Year-to-Date ▼ 315.00	-	Date of 10 Trans Amount	/ sacting	tion Ea	11 1D : S ach Re		20 200		Y 00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13	_	11b 14	╞	11c 15	\mid	12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the								soliciting					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		MPANY CIVIC FUND											
A.	Full Name (Last, First, Middle Initial) Elizabeth Graham				Date of	Re	eceipt							
	Mailing Address 3128 Ellis Place			10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City Columbus	State OH	Zip Code 43204	/					SA11AI.2 eceipt thi					
	FEC ID number of contributing federal political committee.	С					7			_	15.			
	Name of Employer Motorists Mutual Ins. Company	Occupation AVP Persor	nal Lines Underwriting	p	ayroll d	edu	iction	of \$	\$15					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00											
в.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt							
	Mailing Address 3128 Ellis Place	01-1-	Zi Osta		M M	/	- 1	8)13	Y		
	City Columbus	State OH	Zip Code 43204						SA11AI.2					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer Motorists Mutual Ins. Company	Occupation AVP Persor	al Lines Underwriting	— pa	ayroll de	edu	ction o	of\$	515					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00											
C.	Full Name (Last, First, Middle Initial) Elizabeth Graham				Date of	Re	eceipt							
	Mailing Address 3128 Ellis Place				м м 11	/	2	22	/ Y)13	Y		
	City Columbus	State OH	Zip Code 43204						SA11AI.2 eceipt thi					
	FEC ID number of contributing federal political committee.	C					7			_	15	.00		
	Name of Employer	Occupation		p	ayroll d	edu	lction	of	\$ 15					
	Motorists Mutual Ins. Company Receipt For:		nal Lines Underwriting	_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00											
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			Detailed Summary Page		11a 13		11b 14	\vdash	11c 15		12 16	17								
	y information copied from such Reports and S for commercial purposes, other than using the								oliciting		ntribut	ions								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND																	
Α.	Full Name (Last, First, Middle Initial) Elizabeth Graham				Date of	Re	ceipt													
	Mailing Address 3128 Ellis Place				м м 12	/	06		/ Y		013	Y								
	City Columbus	State OH	Zip Code 43204	Transaction ID : SA11AI.20310 Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	С					,		,	_	15.	00								
	Name of Employer	Occupation		- r	ayroll d	edu	ction c	of \$	15											
	Motorists Mutual Ins. Company	AVP Persor	nal Lines Underwriting																	
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General Other (specify) ▼		375.00																	
в.	Full Name (Last, First, Middle Initial) Elizabeth Graham				Date of	Re	ceipt													
	Mailing Address 3128 Ellis Place		Zip Code		12 ^M	1	20		/ Y	ү 20)13	Y								
	City	Transaction ID : SA11AI.20380																		
	Columbus	Amount of Each Receipt this Period																		
	FEC ID number of contributing federal political committee.	ů l							15.00											
	Name of Employer Motorists Mutual Ins. Company	Occupation AVP Persor	al Lines Underwriting	payroll deduction of \$15																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00																	
с.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire				Date of	Re	ceipt													
	Mailing Address 396 Shelby Avenue, East				м м 10	/	D 11		/ Y)13	Y								
	City Powell	State OH	Zip Code 43065		Trans Amount				A11AL ceipt th											
	FEC ID number of contributing federal political committee.	С					,		,	_	15.	00								
	Name of Employer	Occupation			bayroll d	eau	iction c	л⊅	15											
	Motorists Mutual Ins. Company	VP Marketi	ng																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00																	
s	UBTOTAL of Receipts This Page (optional)		••••••				,		7		45.0	00								
т	OTAL This Period (last page this line number	only)																		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt								
	Mailing Address 396 Shelby Avenue, East	State	Zip Code	10 25 2013 Transaction ID : SA11AL20060								
	Powell	OH	43065	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer	Occupation	1	payroll deduction of \$15								
	Motorists Mutual Ins. Company	VP Marketii	ng									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		330.00									
В.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt								
	Mailing Address 396 Shelby Avenue, East			11 08 2013								
	City	State	Zip Code	Transaction ID : SA11AI.20061								
	Powell	vell OH 43065										
	FEC ID number of contributing federal political committee.	С	15.00									
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Marketir		payroll deduction of \$15								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00									
с.	Full Name (Last, First, Middle Initial) Shaun D. Gregoire			Date of Receipt								
	Mailing Address 396 Shelby Avenue, East			11 22 2013								
	City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.20239 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer	Occupation	l	payroll deduction of \$15								
	Motorists Mutual Ins. Company	VP Marketi	ng									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		360.00									
	UBTOTAL of Receipts This Page (optional)			45.00								
Т	OTAL This Period (last page this line number	only)	•••••••									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE COMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Shaun D. Gregoire Mailing Address 396 Shelby Avenue, East City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43065 C C Occupation VP Marketing Aggregate Year-to-Date ▼ 375.00	Date of Receipt 12 06 2013 Transaction ID : SA11AI.20311 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Full Name (Last, First, Middle Initial) B. Shaun D. Gregoire Mailing Address 396 Shelby Avenue, East City Powell FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43065 C C Occupation C VP Marketing Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 390.00	Date of Receipt 12 20 2013 Transaction ID : SA11Al.20381 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Full Name (Last, First, Middle Initial) C. Dino Guanciale Mailing Address 4819 St. Andrews Circle City Westerville FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co. Receipt For: Primary General Other (specify) ▼	State OH Zip Code 43082 C C Occupation Asst. VP C Aggregate Year-to-Date ▼ 315.00	Date of Receipt 10 11 2013 Transaction ID : SA11AI.20065 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
SUBTOTAL of Receipts This Page (optional)		45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURAN(CE COMPANY CIVIC FUND	
Westerville FEC ID number of contributing federal political committee.	State Zip Code OH 43082	Date of Receipt 10 25 2013 Transaction ID : SA11AI.20066 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Poppint For:	st. VP ggregate Year-to-Date ▼ 330.00	
Westerville Image: Constributing federal political committee. Name of Employer October of Constributing federal political committee. Name of Employer October of Constributing federal political committee. Name of Employer October of Constributing federal political committee. Name of Employer October of Constributing federal political committee. Name of Employer October of Constributing federal political committee. Receipt For: Age Primary General	State Zip Code OH 43082 C C C C C C C C C C C C C C C C C C C	Date of Receipt
Westerville FEC ID number of contributing federal political committee. Name of Employer Octopolitical committee. Motorists Mutual Ins Co. As	State Zip Code OH 43082 C C C C C C C C C C C C C C C C C C C	Date of Receipt 11 22 2013 Transaction ID : SA11AI.20241 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
SUBTOTAL of Receipts This Page (optional)	r	45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Dino Guanciale Mailing Address 4819 St. Andrews Circle			Date of Receipt
	City	State	Zip Code	12 06 2013 Transaction ID : SA11AI.20313
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation	1	payroll deduction of \$15
	Motorists Mutual Ins Co.	Asst. VP		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dino Guanciale			Date of Receipt
	Mailing Address 4819 St. Andrews Circle			M = M / D = D / Y = Y = Y = Y 12 20 2013
	City Wester ille	State OH	Zip Code	Transaction ID : SA11AI.20383
	Westerville FEC ID number of contributing federal political committee.	43082	Amount of Each Receipt this Period	
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	1	 payroll deduction of \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
с.	Full Name (Last, First, Middle Initial) Mrs. Susan E. Haack			Date of Receipt
	Mailing Address 7494 Heffley Court			10 / Y Y Y Y 2013
	City Canal Winchester	State OH	Zip Code 43110	Transaction ID : SA11AI.20068 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	1	payroll deduction of \$25	
	The Motorists Insurance Group	Sr. VP, Sec	cretary & CRO	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	
s	UBTOTAL of Receipts This Page (optional)		•	55.00
Т	OTAL This Period (last page this line number o	only)	•	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUNE)					
Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack		Date of Receipt					
Mailing Address 7494 Heffley Court	State Zin Code	10 25 2013					
City Canal Winchester	State Zip Code OH 43110	Transaction ID : SA11AI.20069 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer	Occupation	payroll deduction of \$25					
The Motorists Insurance Group	Sr. VP, Secretary & CRO						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	550.00						
Full Name (Last, First, Middle Initial) B. Mrs. Susan E. Haack		Date of Receipt					
Mailing Address 7494 Heffley Court	11 08 2013						
City	State Zip Code	Transaction ID : SA11AI.20070					
Canal Winchester	OH 43110	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	25.00					
Name of Employer The Motorists Insurance Group	Occupation Sr. VP, Secretary & CRO	payroll deduction of \$25					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00						
Full Name (Last, First, Middle Initial) C. Mrs. Susan E. Haack		Date of Receipt					
Mailing Address 7494 Heffley Court		11 22 2013					
City Canal Winchester	StateZip CodeOH43110	Transaction ID : SA11AI.20242 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer	Occupation	payroll deduction of \$25					
The Motorists Insurance Group	Sr. VP, Secretary & CRO						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		▶ 75.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 52 OF

		Detailed Summary Page		11a 13	\mid	11b 14		1c 15	12 16	17
Any information copied from such Reports an or for commercial purposes, other than using				or the		oose c	of soli	citing	contribu	tions
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND								
Full Name (Last, First, Middle Initial) A. Mrs. Susan E. Haack			D	ate of						
Mailing Address 7494 Heffley Court				м м 12	/	06	_	Y	ү ү 2013	Y
City Canal Winchester	State OH	Zip Code 43110				on ID			0314	
FEC ID number of contributing			_ A	mount	of	∟ach	Hecei	ipt this	s Period	_
federal political committee.	C					7		7	25	.00
Name of Employer	Occupation	1	— pa	yroll d	edu	ction c	of \$25			
The Motorists Insurance Group	Sr. VP, Sec	cretary & CRO								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		625.00								
Full Name (Last, First, Middle Initial) B. Mrs. Susan E. Haack				ate of	Re	ceipt				
Mailing Address 7494 Heffley Court			_	M M	/	2(Y	2013	Y
City	State	Zip Code		Transaction ID : SA11AI.20384						
Canal Winchester	OH	43110	A	mount	of	Each	Recei	ipt this	s Period	
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer	Occupation		— pa	yroll de	eduo	ction o	of \$25			
The Motorists Insurance Group Receipt For:		retary & CRO	_							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00								
Full Name (Last, First, Middle Initial) c. Marc S. Hall				ate of	Ro	caint				
Mailing Address 5999 Lane Road				M M	/			Y	y 2013	Y
City	State OH	Zip Code				ion ID				
Centerburg	UH	43011	A	mount	of	Each	Recei	ipt this	s Period	
FEC ID number of contributing federal political committee.	С				-	,	- • 4 -	7	15	5.00
Name of Employer	Occupation	1	pa	yroll d	ledu	ction \$	\$15			
Motorists Mutual Ins. Company	Assist. V. F).	_							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		315.00								
SUBTOTAL of Receipts This Page (optional)		······ •				7		7	65	.00
TOTAL This Period (last page this line numb	per only)	•				,		,		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 53 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt			
	Mailing Address 5999 Lane Road	State	Zip Code	10 25 2013			
	Centerburg	OH	43011	Transaction ID : SA11AI.20072 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		15.00			
	Name of Employer	Occupation	1	payroll deduction \$15			
	Motorists Mutual Ins. Company	Assist. V. F).				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify)		330.00				
в.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt			
	Mailing Address 5999 Lane Road	11 08 2013					
	City	State	Zip Code	Transaction ID : SA11AI.20073			
	Centerburg	ОН	43011	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	payroll deduction \$15					
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		payroli deduction \$15			
	Receipt For:	Aggregate	Year-to-Date ▼	_			
	Other (specify) ▼		, 345.00				
С.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt			
	Mailing Address 5999 Lane Road			M M / D D / Y Y Y Y 11 22 2013			
	City Centerburg	State OH	Zip Code 43011	Transaction ID : SA11AI.20243			
		OII	43011	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer	Occupation	1	payroll deduction \$15			
	Motorists Mutual Ins. Company	Assist. V. F	D.	_			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		360.00				
s	UBTOTAL of Receipts This Page (optional)		••••••	45.00			
Т	OTAL This Period (last page this line number o	only)					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Marc S. Hall			Date of Receipt			
	Mailing Address 5999 Lane Road	State	Zip Code	12 06 Y Y Y Y 2013			
	Centerburg	OH	43011	Transaction ID : SA11AI.20315 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		15.00			
	Name of Employer	Occupation	1	payroll deduction \$15			
	Motorists Mutual Ins. Company	Assist. V. P).				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify)		375.00				
в.	Full Name (Last, First, Middle Initial)			Date of Receipt			
	Mailing Address 5999 Lane Road			M = M / D = D / Y = Y = Y = Y 12 20 2013			
	City	State OH	Zip Code	Transaction ID : SA11AI.20385			
		OH	43011	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	payroll deduction \$15					
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		payroli deduction \$15			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		390.00				
с.	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt			
	Mailing Address 813 East College Avenue			M M / D D / Y Y Y Y Y 10 11 2013			
	City Westerville	State OH	Zip Code	Transaction ID : SA11AI.20074			
		OIT	43081	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer	Occupation	1	payroll deduction of \$15			
	Motorists Mutual Ins. Company Receipt For:	Assist. V. F	D.	_			
	Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		315.00				
s	UBTOTAL of Receipts This Page (optional)		•	45.00			
т	OTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND					
Α.				Date of Receipt				
	Mailing Address 813 East College Avenue	State	Zip Code	10 25 2013 Transaction ID : SA11AI.20075				
	Westerville	ОН	43081	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer	Occupation	1	payroll deduction of \$15				
	Motorists Mutual Ins. Company	Assist. V. P).					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		330.00					
В.	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt				
	Mailing Address 813 East College Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI.20076				
	Westerville	OH	43081	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		 payroll deduction of \$15 				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00					
С.	Full Name (Last, First, Middle Initial) Paul T. Hammer			Date of Receipt				
	Mailing Address 813 East College Avenue			M = M / D = D / Y = Y = Y = Y 11 22 2013				
	City Westerville	State OH	Zip Code 43081	Transaction ID : SA11AI.20244 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer	Occupation	1	payroll deduction of \$15				
	Motorists Mutual Ins. Company	Assist. V. F).					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		360.00					
s	UBTOTAL of Receipts This Page (optional)		••••••	45.00				
т	OTAL This Period (last page this line number	only)	•••••					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	IMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14		11c 15	12	17	
or f	information copied from such Reports and S or commercial purposes, other than using the								oliciting	contrib	utions	
\	VAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND)								
	⁻ ull Name (Last, First, Middle Initial) Paul T. Hammer				Date o	f Re	eceipt					
-	Mailing Address 813 East College Avenue		M M M		06	6	/ Y	2013	Y			
	City Westerville	State OH	Zip Code 43081	-			-	-	A11AI.		4	
F	FEC ID number of contributing ederal political committee.	С					,			is Perio 1	5.00	
1	Name of Employer	Occupation	1		oayroll o	dedu	iction c	of \$'	15			
_	Notorists Mutual Ins. Company	Assist. V. P).									
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]								
	- Full Name (Last, First, Middle Initial) Paul T. Hammer				Date o	f Re	ceipt					
ľ	Aailing Address 813 East College Avenue						12 20 2013					
	City Westerville	State OH	Zip Code 43081		Transaction ID : SA11AI.20386 Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.			15.00								
	Name of Employer Notorists Mutual Ins. Company	Occupation Assist. V. P		— p	ayroll c	ledu	ction o	√f \$1	15			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00									
	Full Name (Last, First, Middle Initial) Sandra Harbrecht				Date o	f Re	eceipt					
ſ	Aailing Address 10 North Hight Street				M M	/	D 08		/ Y	ү ү 2013	Y	
	Columbus	State OH	Zip Code 43215						A11AI.	20080 is Perio	d	
	EC ID number of contributing ederal political committee.	С					7				0.00	
1	Name of Employer	I	payroll deduction of \$250									
	Motorists Mutual Ins. Co.											
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00]								
su	BTOTAL of Receipts This Page (optional)			•						280	0.00	
тс	TAL This Period (last page this line number	only)		•			,					

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INS	URANCE CON	IPANY CIVIC FUND	I
Full Name (Last, First, Middle Initial) Thomas J. Henderson Mailing Address 9725 Wagonwood Drive			Date of Receipt
City Pickerington	State OH	Zip Code 43147	10 11 2013 Transaction ID : SA11AI.20077 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P., O Aggregate Ye		<pre>payroll deduction of \$15 </pre>
B. Full Name (Last, First, Middle Initial) Mailing Address 9725 Wagonwood Drive	Date of Receipt		
City Pickerington FEC ID number of contributing federal political committee.	State OH	Zip Code 43147	Transaction ID : SA11AI.20078 Amount of Each Receipt this Period 15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P., 0	Claims	— payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 330.00]
Full Name (Last, First, Middle Initial) C. Thomas J. Henderson			Date of Receipt
Mailing Address 9725 Wagonwood Drive	State	Zip Code	M / D D / Y
Pickerington FEC ID number of contributing federal political committee.	ОН	43147	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Assist. V. P., o Aggregate Ye		payroll deduction of \$15
SUBTOTAL of Receipts This Page (option	al)		45.00
TOTAL This Period (last page this line num	mber only)		•

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt			
	Mailing Address 9725 Wagonwood Drive	State	Zip Code	11 22 2013 Transaction ID : SA11AL20245			
	Pickerington	OH	43147	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		15.00			
	Name of Employer	Occupation	1	payroll deduction of \$15			
	Motorists Mutual Ins. Co.	Assist. V. P	., Claims				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		360.00				
B.	Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt			
	Mailing Address 9725 Wagonwood Drive			12 06 2013			
	City	State OH	Zip Code	Transaction ID : SA11AI.20317			
	Pickerington	С	43147	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	payroll deduction of \$15					
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P		payroli deduction of \$15			
	Receipt For:	Aggregate	Year-to-Date ▼	_			
	Other (specify)		375.00				
с.	Full Name (Last, First, Middle Initial) Thomas J. Henderson			Date of Receipt			
	Mailing Address 9725 Wagonwood Drive			M M / D D / Y Y Y Y 12 20 2013			
	City	State OH	Zip Code	Transaction ID : SA11AI.20387			
	Pickerington	OIT	43147	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer	Occupation	1	payroll deduction of \$15			
	Motorists Mutual Ins. Co.	Assist. V. F	· · · · · · · · · · · · · · · · · · ·	4			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		390.00				
s	UBTOTAL of Receipts This Page (optional)		•	45.00			
Т	OTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11b 14	11c	\vdash	12 16	17						
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitin		ontribut	ions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND													
A .	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road				Date of) / Y		2013	Y					
	City Columbus	State OH	Zip Code 43235		Transaction ID : SA11AI.20081 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			25.00											
	Name of Employer Motorists Mutual Ins. Company Receipt For:		ancial Operations	payroll deduction of \$25												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 525.00													
В.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock				Date of											
	Mailing Address 1409 Snowmass Road	Ctata	Zin Code		10		25	JL	2	013	Y					
	City Columbus	State OH	Zip Code 43235					SA11AI. leceipt tl								
	FEC ID number of contributing federal political committee.	С			25.00											
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Fina	ancial Operations	payroll deduction of \$25												
	Receipt For: Primary General Other (specify) ▼															
С.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock				Date of	f Re	eceipt									
	Mailing Address 1409 Snowmass Road				M M 11	/	08) / Y		013	Y					
	City Columbus	State OH	Zip Code 43235					SA11AI leceipt th								
	FEC ID number of contributing federal political committee.	С								25	.00					
	Name of Employer	Occupation		p	ayroll c	ledu	iction of	\$25								
	Motorists Mutual Ins. Company	VP Life Fin	ancial Operations	_												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00													
s	UBTOTAL of Receipts This Page (optional)			•			7			75.	00					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 60 OF

			Detailed Summary Page	×	11a 13		11b		11c	$\left - \right $	12	47			
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and a	I ay not be sold or used by any pe ddress of any political committee	erson f	or the	l purp ntrib	pose	ofs sfrc	15 soliciting om such		16 ntribut mmitte	17 ions ee.			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
A .	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Mailing Address 1409 Snowmass Road			1	Date of	Re	eceipt	D	/ Y	Y	Y	Y			
	City Columbus	State OH	Zip Code 43235		11 22 2013 Transaction ID : SA11AI.20246										
	FEC ID number of contributing federal political committee.	С	43233	_ /	Amount of Each Receipt this Period										
	Name of Employer Motorists Mutual Ins. Company Receipt For:		ancial Operations	p	ayroll d	edu	iction	of \$	525						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00												
в.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock Meiling Address (199.2)				Date of	Re									
	Mailing Address 1409 Snowmass Road City	State	Zip Code	12 06 2013 Transaction ID : SA11AI.20318											
	Columbus FEC ID number of contributing federal political committee.	С	43235	/	Amount	of	Each	Re	eceipt thi	is P	eriod 25.	00			
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Life Fina	ancial Operations	— pa	ayroll de	edu	ction o	of \$2	25						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00												
C.	Full Name (Last, First, Middle Initial) Peter A. Hitchcock				Date of	Re	eceipt								
	Mailing Address 1409 Snowmass Road				м м 12	/		20	/ Y	20)13	Y			
	City Columbus	State OH	Zip Code 43235						SA11AL						
	FEC ID number of contributing federal political committee.	С					,			_	25	.00			
	Name of Employer	Occupation		P	ayroll d	eau	lction	01 \$	¢25						
	Motorists Mutual Ins. Company Receipt For: Primary General		ancial Operations Year-to-Date ▼												
	Other (specify)		650.00												
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category o Detailed Summary I		X 11a 11b 11c 12 13 14 15 16 17										
	ny information copied from such Reports and St for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA			FUND											
Α.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover Mailing Address 4556 Dirham Court				Date of Receipt										
	City	State	Zip Code		M M / D D Y										
	Hilliard	OH	43026		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			15.00										
	Name of Employer	Occupation	1		payroll deduction of \$15										
	Motorists Mutual Ins. Company	Assist. V. P													
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 3	15.00											
В.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover				Date of Receipt										
	Mailing Address 4556 Dirham Court				10 25 2013										
	City	State	Zip Code	-	Transaction ID : SA11AI.20085										
	Hilliard	ОН	43026	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			15.00										
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P			payroli deduction of \$15										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	30.00											
с.	Full Name (Last, First, Middle Initial) Jeffrey O. Hoover				Date of Receipt										
	Mailing Address 4556 Dirham Court				M M M / D D / Y Y Y Y Y Y 11 08 2013										
	City Hilliard	State OH	Zip Code 43026	-	Transaction ID : SA11AI.20086										
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer	Occupation	I		payroll deduction of \$15										
	Motorists Mutual Ins. Company	Assist. V. P													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	345.00											
⊢	UBTOTAL of Receipts This Page (optional)				45.00										

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND											
Full Name (Last, First, Middle Initial) A. Jeffrey O. Hoover			Date of Receipt										
Mailing Address 4556 Dirham Court	State	Zip Code	11 22 2013 Transaction ID : SA11AI.20247										
Hilliard	ОН	43026	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		15.00										
Name of Employer	Occupation	1	payroll deduction of \$15										
Motorists Mutual Ins. Company	Assist. V. P	P.											
Receipt For:	Aggregate	Year-to-Date ▼	_										
Other (specify)		360.00											
Full Name (Last, First, Middle Initial) B. Jeffrey O. Hoover			Date of Receipt										
Mailing Address 4556 Dirham Court			12 06 Y Y Y Y Y Y 12 06										
City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.20319 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		payroll deduction of \$15										
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		payroli deduction of \$15										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		375.00											
Full Name (Last, First, Middle Initial) C. Jeffrey O. Hoover			Date of Receipt										
Mailing Address 4556 Dirham Court			12 20 2013										
City	State OH	Zip Code	Transaction ID : SA11AI.20389										
Hilliard	OIT	43026	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		15.00										
Name of Employer	Occupation	I	payroll deduction of \$15										
Motorists Mutual Ins. Company Receipt For:	Assist. V. F												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00											
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb			45.00										

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (IN FUII) MOTORISTS MUTUAL INSURA	ANCE COI	MPANY CIVIC FUN	D
Full Name (Last, First, Middle Initial) A. Henry L Huntington Mailing Address 7290 Pleasant Street City Loudon FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Receipt For: Primary General Other (specify) ▼	State NH C Occupation Director Aggregate Y	Zip Code 03307 Zear-to-Date ▼ 250.00	Date of Receipt Date of Receipt 11 08 2013 Transaction ID : SA11AI.20090 Amount of Each Receipt this Period 62.50 payroll deduction of \$62.50
Full Name (Last, First, Middle Initial) B. Mr. Dan E. Jeffers Mailing Address 6401 Rossmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	State OH C Occupation Assist. V. P. Aggregate Y	Zip Code 43110 fear-to-Date ▼ 315.00	Date of Receipt 10 11 2013 Transaction ID : SA11AI.20087 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Full Name (Last, First, Middle Initial) C. Mr. Dan E. Jeffers Mailing Address 6401 Rossmore Lane City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	State OH Occupation Assist. V. P. Aggregate Y	Zip Code 43110 //ear-to-Date ▼ 330.00	Date of Receipt 10 25 2013 Transaction ID : SA11AI.20088 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
SUBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	Detailed Summary Page	×	11a 13		11b 14		11c	12	47						
Any information copied from such Reports and				or the		pose (
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and a	ddress of any political committee	to so	licit cor	ntrib	outions	s froi	m such	commit	tee.					
		OMPANY CIVIC FUND													
Full Name (Last, First, Middle Initial) A. Mr. Dan E. Jeffers				Date of	Re	ceipt	_	-							
Mailing Address 6401 Rossmore Lane				M M	1		D)8	/ Y	y y 2013	Y					
City	State OH	Zip Code						A11AI.2							
Canal Winchester		43110	_ /	Amount	of	Each	Rec	ceipt this	s Period						
FEC ID number of contributing federal political committee.	C		15.00												
Name of Employer	Occupation		_ p	ayı 011 (1	euu		ו קיוט	10							
Motorists Mutual Ins Company Receipt For:	Assist. V. F		_												
Primary General	Aggregate	Year-to-Date ▼													
Other (specify)		345.00													
Full Name (Last, First, Middle Initial) B. Mr. Dan E. Jeffers	·			Date of	Re	eceipt									
Mailing Address 6401 Rossmore Lane			11 22 2013												
City Canal Winshaster	State OH	Zip Code	Transaction ID : SA11AI.20248												
Canal Winchester		43110	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		15.00												
Name of Employer Motorists Mutual Ins Company	Occupatior Assist. V. P		payroll deduction of \$15												
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		360.00													
Full Name (Last, First, Middle Initial) C. Mr. Dan E. Jeffers	·			Date of	Re	ceipt									
Mailing Address 6401 Rossmore Lane				м м 12	1	0	D 06	/ Y	y y 2013	Y					
City Canal Winchester	State OH	Zip Code 43110						A11AI.2							
FEC ID number of contributing	_		-	Amount	of	∟ach	Rec	ceipt this	s Period						
federal political committee.	C			0.00-11	a -!:	J	~f ^ f		1	5.00					
Name of Employer	Occupation		P	ayroll d	edu	ICTION	OT \$1	15							
Motorists Mutual Ins Company	Assist. V. F														
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify) ▼		375.00													
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	RECEIPTS		for each category o Detailed Summary I			11a 13		11b 14		11c 15	2 16	17
	n copied from such Reports and S cial purposes, other than using the											
	COMMITTEE (In Full) RISTS MUTUAL INSUR/	ANCE CO	MPANY CIVIC	FUND								
A. Mr. Dan Mailing Add City Canal Winc FEC ID nur federal polit Name of Er Motorists Mi Receipt For	ress 6401 Rossmore Lane hester nber of contributing ical committee. nployer utual Ins Company	State OH C Occupation Assist. V. P Aggregate	Year-to-Date ▼	990.00	Ar	mount	/ action ∶of	20 on ID	: SA Rec	/ Y A11AL.2 eipt th	13)	0
Full Name (Mailing Add City Columbus FEC ID nur federal polit Name of Er Motorists Mu Receipt For	Last, First, Middle Initial) ca Jones ress 120 E. Dominion Blvd nber of contributing ical committee. nployer utual Insurance Co.		Zip Code 43214 hercial Lines Year-to-Date ▼	15.00	Ar	nount	action	11 on ID	: SA Rec	/ Y AllAL2 eipt th		0
C. Ms Jess Mailing Add City Columbus FEC ID nur federal polit Name of Er Motorists M Receipt For	utual Insurance Co.		nercial Lines Year-to-Date ▼	330.00	Ar	nount	/ action ∶of I	2t	: S/ Rec	/ Y A11AL. eipt th	2	00
SUBTOTAL o	f Receipts This Page (optional)			····· >	ļ			7	=	3	 45.0	0
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11		11c 15		12 16	17					
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pos	se of s	soliciting		ntribut	ions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA															
Α.	Full Name (Last, First, Middle Initial) Ms Jessica Jones Mailing Address 120 E. Dominion Blvd				Date of			pt	/ Y	Y	Y	Y				
	City	State	Zip Code		11 Trans	acti	ion	08 ID : S	SA11AI.		013 93					
	Columbus FEC ID number of contributing federal political committee.	ОН	43214	/	_ Amount of Each Receipt this Period											
	Name of Employer Motorists Mutual Insurance Co. Receipt For:		nercial Lines Year-to-Date ▼	— p	ayroll d	edu	uctic	on of \$	615							
	Other (specify)		345.00													
В.	Full Name (Last, First, Middle Initial) Ms Jessica Jones Mailing Address 120 E. Dominion Blvd		Date of Receipt									Y				
	City Columbus	State OH	Zip Code 43214		Transaction ID : SA11AI.20249 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		15.00												
	Name of Employer Motorists Mutual Insurance Co.	Occupation AVP, Comm	nercial Lines	payroll deduction of \$15												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00													
C.	Full Name (Last, First, Middle Initial) Ms Jessica Jones				Date of	Re	ecei	pt								
	Mailing Address 120 E. Dominion Blvd				^M ^M 12	1		06	/ Y)13	Y				
	City Columbus	State OH	Zip Code 43214						SA11AI.							
	FEC ID number of contributing federal political committee.	С					,			_	15.	.00				
	Name of Employer	Occupation		p	ayroll d	edu	JCTIC	on of \$	515							
	Motorists Mutual Insurance Co. Receipt For: Primary General Other (specify) ▼		nercial Lines Year-to-Date ▼ 375.00													
s	UBTOTAL of Receipts This Page (optional)		•	.		1	1		- 7		45.	00				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11 14	- H	11c		12 16	17									
	ny information copied from such Reports and S for commercial purposes, other than using the																				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND																		
Α.	Full Name (Last, First, Middle Initial) Ms Jessica Jones				Date c		ecei	pt													
	Mailing Address 120 E. Dominion Blvd	State	Zip Code	_	12 Tran		ion	20 20	SA11A	2	013	Y									
	Columbus	ОН	43214		Amour																
	FEC ID number of contributing federal political committee.	С					7					5.00									
	Name of Employer	Occupation			bayroll	dedu	uctio	on of S	\$15												
	Motorists Mutual Insurance Co.	AVP, Com	nercial Lines																		
	Receipt For:	Aggregate	Year-to-Date V																		
	Primary General Other (specify) ▼		390.00																		
в.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date o	of Re	ecei	pt													
	Mailing Address 5729 Superior Avenue				M M / D / Y																
	City	State	Zip Code						SA11A		-										
	Sheboygan										Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$25																	
	Name of Employer Wilson Mutual Ins. Co.	Occupation Sr. V.P. Adr		p	ayroll	dedu	ictio	n of \$	525												
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Tear-to-Date V																			
<u>с</u> .	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser				Date o	of Re	ecei	pt													
	Mailing Address 5729 Superior Avenue				м м 10	/	Ľ	25	/	ү ү 2(013	Y									
	City Sheboygan	State WI	Zip Code 53083						SA11A												
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	FEC ID number of contributing federal political committee.	С			bayroll	dedu	,	on of	\$25	_	25	5.00									
	Name of Employer	Occupation		 '	Sayron	acat	aoin		ΨΖΟ												
	Wilson Mutual Ins. Co. Receipt For:	-	ministration	\neg																	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00																		
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	ny information copied from such Reports and Si for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND											
Α.				Date of Receipt										
	Mailing Address 5729 Superior Avenue	State	Zip Code	11 08 2013 Transaction ID : SA11AL20096										
	Sheboygan	WI	53083	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer	Occupation	1	payroll deduction of \$25										
	Wilson Mutual Ins. Co.	Sr. V.P. Ad	ministration											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		575.00											
в.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt										
	Mailing Address 5729 Superior Avenue			11 22 2013										
	City	State WI	Zip Code	Transaction ID : SA11AI.20250 Amount of Each Receipt this Period										
	Sheboygan													
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer Wilson Mutual Ins. Co.	Occupation		payroli deduction of \$25										
	Receipt For:		Year-to-Date ▼	_										
	Primary General Other (specify) ▼		600.00											
с.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser			Date of Receipt										
	Mailing Address 5729 Superior Avenue			M M / D D / Y Y Y Y 12 06 2013										
	City Sheboygan	State WI	Zip Code 53083	Transaction ID : SA11AI.20322										
			55005	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer	Occupation	1	payroll deduction of \$25										
	Wilson Mutual Ins. Co.		ministration											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 625.00											
	UBTOTAL of Receipts This Page (optional)			75.00										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Mrs. Tami Jones-Fahser													
	Mailing Address 5729 Superior Avenue	Ctoto	Zin Code	M = M / D = D / Y = Y = Y = Y 12 20 2013										
	City Sheboygan	State WI	Zip Code 53083	Transaction ID : SA11AI.20392 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		25.00										
	Name of Employer	Occupation	1	payroll deduction of \$25										
	Wilson Mutual Ins. Co.	Sr. V.P. Ad	ministration											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		650.00											
В.	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 7925 Greenside Lane			10 11 2013										
	City	State	Zip Code	Transaction ID : SA11AI.20097 Amount of Each Receipt this Period										
	Worthington													
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer Motorists Mutual Ins Co	Occupation		 payroll deduction of \$30 										
	Receipt For:	Executive V		-										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00											
<u> </u>	Full Name (Last, First, Middle Initial) David L. Kaufman			Date of Receipt										
	Mailing Address 7925 Greenside Lane			M M / D D / Y Y Y Y Y 10 25 2013										
	City Worthington	State OH	Zip Code 43235	Transaction ID : SA11AI.20098										
		_	40200	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer	Occupation												
	Motorists Mutual Ins Co Receipt For:	Executive \		_										
	Primary General Other (specify) V	Aggregale	Year-to-Date ▼ 660.00											
s	UBTOTAL of Receipts This Page (optional)			85.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11b	╞	11c 15		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting		ntribut	ions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND									
A.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼	State OH C Occupation Executive V Aggregate				/ act	ion ID Each	98 9 : 5 Re	SA11AI.2 eceipt thi	20 200	eriod	Y .00
В.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼	State OH C Occupation Executive V Aggregate			Date of Receipt							
C.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane City Worthington FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify)	State OH Occupation Executive V Aggregate				act	tion ID Each)6 <u>) : (</u> Re	/ Y SA11AL.2 ecceipt thi \$30	20 203	eriod	Y .00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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'			Detailed Summary Page		< 11a 13		11b 14	11c	\vdash	12 16	17			
	y information copied from such Reports and Stafor commercial purposes, other than using the				for the			of solicitin		ntribu	ions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
Α.	Full Name (Last, First, Middle Initial) David L. Kaufman Mailing Address 7925 Greenside Lane					Date of Receipt								
	City Worthington	State Zip Code OH 43235					12 20 2013 Transaction ID : SA11AI.20393 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins Co Receipt For: Primary General Other (specify) ▼	C Occupation Executive \ Aggregate			payroll deduction of \$30									
В.	Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road			_	Date of Receipt									
	City Johnstown FEC ID number of contributing federal political committee.	State OH	Zip Code 43031		Transaction ID : SA11AI.20100 Amount of Each Receipt this Period 20.00									
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation VP and CIC Aggregate		p	payroll deduction of \$20									
C.	Full Name (Last, First, Middle Initial) John C. Kessler Mailing Address 3910 Caswell Road						Date of Receipt							
	City Johnstown FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:	State OH Occupation VP and CIO Aggregate				t of	Each	: SA11A Receipt t		Period	.00			
s	UBTOTAL of Receipts This Page (optional)		••••••	I			7	- 1		70.	00			
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial) John C. Kessler	Date of Receipt								
	Mailing Address 3910 Caswell Road	M M / D D / Y Y Y Y Y 11 08 2013								
	City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.20102 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		 payroll deduction of \$20 						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00							
в.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt						
	Mailing Address 3910 Caswell Road	11 22 2013								
	City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.20252 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer Motorists Mutual Ins. Co.	Occupation VP and CIC		 payroll deduction of \$20 						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00							
с.	Full Name (Last, First, Middle Initial) John C. Kessler			Date of Receipt						
	Mailing Address 3910 Caswell Road			M M / D D / Y Y Y Y Y 12 06 2013						
	City Johnstown	State OH	Zip Code 43031	Transaction ID : SA11AI.20324 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer	payroll deduction of \$20								
	Motorists Mutual Ins. Co.	VP and CIC		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
s	UBTOTAL of Receipts This Page (optional)			60.00						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b)	11c	12				
Anv	r information copied from such Reports and S	tatements ma	av not be sold or used by any	person f	13 or the	pur	14 pose	e of s	15 olicitina	contri	-	17 0ns		
or f	or commercial purposes, other than using the	name and a	ddress of any political committ	ee to so	licit co	ntrib	oution	ns fro	om such	comr	nitte	э.		
\	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUN	D										
A.	^F ull Name (Last, First, Middle Initial) John C. Kessler			eceip	ot									
-	Mailing Address 3910 Caswell Road		12 20 2013											
	City Johnstown	State OH		Transaction ID : SA11AI.20394										
F	FEC ID number of contributing rederal political committee.	С	43031		Amount of Each Receipt this Period									
	Name of Employer Notorists Mutual Ins. Co.	Occupation VP and CIC		p	ayroll c	ledu	uctior	n of \$	20					
Ī	Receipt For: Primary General Other (specify) ▼													
	Full Name (Last, First, Middle Initial) Anne B. King						Date of Receipt							
_	Mailing Address 6934 Roundwood Ct.													
	City Dublin						A11AI.2		iod					
-	FEC ID number of contributing rederal political committee.		Amount of Each Receipt this Period											
	Name of Employer Notorists Mutual Ins. Company	ent	—— pa	ayroll d	edu	ction	n of \$2	25						
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00											
	Full Name (Last, First, Middle Initial) Anne B. King				Date of	f Re	eceip	ot						
-	Mailing Address 6934 Roundwood Ct.		10 25 2013											
	City Dublin	State OH	Zip Code 43016	/					Ceipt th					
	EC ID number of contributing ederal political committee.	С					-		,		25.0	00		
Ī	Name of Employer	Occupation		р	ayroll c	dedu	uctio	n of \$	25					
	Motorists Mutual Ins. Company	Vice Presid	ent											
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00											
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (IN Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.			Date of Receipt			
	City	State	Zip Code	11 08 2013 Transaction ID : SA11AI.20105			
	Dublin FEC ID number of contributing federal political committee.	ОН	43016	Amount of Each Receipt this Period			
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		payroll deduction of \$25			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00				
В.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.			Date of Receipt			
	City Dublin	State OH	Zip Code 43016	11 22 2013 Transaction ID : SA11AI.20253 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presid		 payroll deduction of \$25 			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00				
с.	Full Name (Last, First, Middle Initial) Anne B. King			Date of Receipt			
	Mailing Address 6934 Roundwood Ct.	Ctoto	Zip Code	12 06 / Y Y Y Y 12 12 06			
	City Dublin	State OH	43016	Transaction ID : SA11AI.20325 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00 payroll deduction of \$25			
	Name of Employer Motorists Mutual Ins. Company	Occupation Vice Presic					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00				
s	UBTOTAL of Receipts This Page (optional)		>	75.00			
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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			for each category of Detailed Summary P		X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC	FUND								
Α.	Full Name (Last, First, Middle Initial) Anne B. King Mailing Address 6934 Roundwood Ct.				Date of Receipt							
	City Dublin	State OH	Zip Code 43016		12 20 2013 Transaction ID : SA11AI.20395							
	FEC ID number of contributing federal political committee.	С	43010]	Amount of Each Receipt this Period							
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Vice Presid Aggregate	ent Year-to-Date ▼	50.00	payroll deduction of \$25							
B.	Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court				Date of Receipt							
	City Westerville	State OH	Zip Code 43082		Transaction ID : SA11AI.20106 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			15.00 payroll deduction of \$15							
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 31	5.00								
с.	Full Name (Last, First, Middle Initial) Teresa M. King				Date of Receipt							
	Mailing Address 1139 Tidewater Court				10 / Y Y Y Y 25 2013							
	City Westerville	State OH	Zip Code 43082		Transaction ID : SA11AI.20107 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			15.00 payroll deduction of \$15							
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 33	30.00								
5	UBTOTAL of Receipts This Page (optional)			····· •	55.00							
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court			Date of Receipt				
	City	State	Zip Code	11 08 2013 Transaction ID : SA11AI.20108				
	Westerville	OH	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer	Occupation	1	payroll deduction of \$15				
	Motorists Mutual Ins. Co.	Assist. V. P						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		345.00					
в.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address 1139 Tidewater Court		1.1 22 2013					
	City	State	Zip Code	Transaction ID : SA11AI.20254				
	Westerville	OH	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assist. V. P		 payroll deduction of \$15 				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
<u></u> с.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address 1139 Tidewater Court			M M / D D / Y Y Y Y Y 12 06 2013				
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.20326				
		OII	45062	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00 payroll deduction of \$15				
	Name of Employer	Occupation						
	Motorists Mutual Ins. Co. Receipt For:	Assist. V. F		_				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00					
⊢	GUBTOTAL of Receipts This Page (optional)			45.00				
ΓT	OTAL This Period (last page this line number of	oniy)	🕨					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial) Teresa M. King Mailing Address 1139 Tidewater Court			Date of Receipt						
	City Westerville	State OH	Zip Code 43082	12 20 2013 Transaction ID : SA11AI.20396 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		15.00						
	Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	— payroll deduction of \$15 —								
в.	Full Name (Last, First, Middle Initial) Jeff Kirkey Mailing Address 1749 Pinecone Court			Date of Receipt						
	City Lewis Center FEC ID number of contributing	State OH	Zip Code 43035	10 11 2013 Transaction ID : SA11AI.20109 Amount of Each Receipt this Period 15.00						
	federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Others (space)	Occupation Assist. V. P		payroll deduction of \$15						
С.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Jeff Kirkey Mailing Address 1749 Pinecone Court			Date of Receipt						
	City Lewis Center	State OH	Zip Code 43035	10 25 2013 Transaction ID : SA11AI.20110 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	Occupation		15.00 payroll deduction of \$15						
	Motorists Mutual Ins. Co. Receipt For: Primary Other (specify) ▼									
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sol or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) A. Jeff Kirkey Mailing Address 1749 Pinecone Court City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Matariata Matural lap Ca	n such committee.					
MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND Full Name (Last, First, Middle Initial) Jeff Kirkey Mailing Address 1749 Pinecone Court City State Lewis Center OH 43035 FEC ID number of contributing federal political committee. Name of Employer Occupation	2013 11AI.20111 pipt this Period 15.00					
A. Jeff Kirkey Date of Receipt Mailing Address 1749 Pinecone Court Image: Color to the second se	2013 11AI.20111 pipt this Period 15.00					
City State Zip Code Lewis Center OH 43035 FEC ID number of contributing federal political committee. C Name of Employer Occupation	11AI.20111 eipt this Period 15.00					
FEC ID number of contributing federal political committee. C payroll deduction of \$15 Name of Employer Occupation payroll deduction of \$15	15.00					
Name of Employer	5					
Motorists Mutual Ins. Co. Assist. V. P., Claims Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 345.00						
Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1749 Pinecone Court 11	2013					
	Transaction ID : SA11AI.20255 Amount of Each Receipt this Period 15.00					
Name of Employer Occupation payroll deduction of \$15 Motorists Mutual Ins. Co. Assist. V. P., Claims Aggregate Year-to-Date ▼ Primary General 360.00						
Full Name (Last, First, Middle Initial) Date of Receipt Jeff Kirkey Date of Receipt Mailing Address 1749 Pinecone Court Mailing Address 1749 Pinecone Court	/ Y = Y = Y = Y					
City State Zip Code Transaction ID : SA Lewis Center OH 43035 Amount of Each Rece						
FEC ID number of contributing federal political committee.	15.00					
Name of Employer Occupation payroll deduction of \$15 Motorists Mutual Ins. Co. Assist. V. P., Claims Page 100 minutes of \$15	>					
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 375.00						
SUBTOTAL of Receipts This Page (optional)						

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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(check only one)

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	for each category Detailed Summary	
or for commercial purposes, other than using the		d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR/	ANCE COMPANY CIVIC	C FUND
Full Name (Last, First, Middle Initial) A. Jeff Kirkey Mailing Address 1749 Pinecone Court City Lewis Center FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General	State Zip Code OH 43035 C Occupation Assist. V. P., Claims Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 20 2013 Transaction ID : SA11AI.20397 Amount of Each Receipt this Period 15.00 payroll deduction of \$15
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Robert D. Lambert Mailing Address 3 Gingerwood Lane City Bettendorf FEC ID number of contributing federal political committee.	State Zip Code IA 52722	390.00 Date of Receipt Date of Receipt 11 08 2013 Transaction ID : SA11AI.20118 Amount of Each Receipt this Period 250.00
Name of Employer Iowa Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Director Aggregate Year-to-Date ▼	250.00 payroll deduction of \$250
Full Name (Last, First, Middle Initial) C. Mr. Michael S Lappin Mailing Address 728 South 29th Street City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	State Zip Code WI 45220 C Occupation V.P. Agency Operations Aggregate Year-to-Date ▼	Date of Receipt 10 11 2013 Transaction ID : SA11AI.20115 Amount of Each Receipt this Period 20.00 payroll deduction of \$20
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street			Date of Receipt
	City Manitowoc	State WI	Zip Code 45220	Transaction ID : SA11AI.20116 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Wilson Mutual Ins. Co. Receipt For:		n ry Operations Year-to-Date ▼	 payroll deduction of \$20
	Primary General Other (specify) ▼		440.00	
в.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street			Date of Receipt
	City Manitowoc	State WI	Zip Code 45220	11 08 2013 Transaction ID : SA11AI.20117 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00 payroll deduction of \$20
	Wilson Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		y Operations Year-to-Date ▼ 460.00	
C. Full Name (Last, First, Middle Initial) Mr. Michael S Lappin Mailing Address 728 South 29th Street				Date of Receipt
	City Manitowoc	State WI	Zip Code 45220	11 22 2013 Transaction ID : SA11AI.20257 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Wilson Mutual Ins. Co. Receipt For:	, u	cy Operations	payroll deduction of \$20
	Primary General Other (specify)	Ayyreyale	Year-to-Date ▼ 480.00	
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt								
	Mailing Address 728 South 29th Street	State	Zip Code	12 06 / Y Y Y Y Y 12 06 2013								
	Manitowoc	WI	45220	Transaction ID : SA11AI.20329 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		20.00								
	Name of Employer	Occupation	l	payroll deduction of \$20								
	Wilson Mutual Ins. Co.	V.P. Agenc	y Operations									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) V		500.00									
в.	Full Name (Last, First, Middle Initial) Mr. Michael S Lappin			Date of Receipt								
	Mailing Address 728 South 29th Street	12 20 2013										
	City	Transaction ID : SA11AI.20399										
	Manitowoc	WI	45220	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		20.00								
	Name of Employer Wilson Mutual Ins. Co.	Occupation	y Operations	 payroll deduction of \$20 								
	Receipt For:		Year-to-Date ▼	-								
	Primary General Other (specify) ▼		520.00									
с.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence			Date of Receipt								
	Mailing Address 116 Clarke Lane			10 11 2013								
	City Hopkinton	State NH	Zip Code 03229	Transaction ID : SA11AI.20119								
	FEC ID number of contributing	Amount of Each Receipt this Period										
	federal political committee.	C		25.00								
	Name of Employer	Occupation		payroll deduction of \$25								
	Phenix Mutual Fire Ins. Co.	Sr. V.P.										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00									
s	UBTOTAL of Receipts This Page (optional)			65.00								
T T	OTAL This Period (last page this line number of	only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		X 11a		11b	11c		12					
٨٣	y information copied from such Reports and S	Statemente m	av not be sold or used by any or		13		14	15		16 ntribut	17				
	for commercial purposes, other than using the														
$\left/ \right.$	NAME OF COMMITTEE (In Full)														
$\Big $	MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of	Re	ceipt		-						
	Mailing Address 116 Clarke Lane														
	City		10 25 2013 Transaction ID : SA11AI.20120												
	Hopkinton	State NH	Zip Code 03229		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		25.00											
	Name of Employer	Occupation		-	- payroll deduction of \$25										
	Phenix Mutual Fire Ins. Co.	Sr. V.P.													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		550.00												
в.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of	Re	ceipt								
	Mailing Address 116 Clarke Lane				11 08 2013										
	City State Zip Code Hopkinton NH 03229						Transaction ID : SA11AI.20121								
	Hopkinton		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.			25.00											
	Name of Employer Phenix Mutual Fire Ins. Co.	Occupation Sr. V.P.			payroll deduction of \$25										
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		575.00												
с.	Full Name (Last, First, Middle Initial) Mr. Todd Lawrence				Date of	Re	ceipt								
	Mailing Address 116 Clarke Lane				м м 11	/	22) 13	Y				
	City	State NH	Zip Code					SA11AI							
	Hopkinton		03229	_	Amount	of	Each F	Receipt th	nis F	'eriod	_				
	FEC ID number of contributing federal political committee.	C			25.00										
	Name of Employer		payroll deduction of \$25												
	Phenix Mutual Fire Ins. Co.														
	Receipt For: Primary General														
	Other (specify)		600.00]											
s	UBTOTAL of Receipts This Page (optional)		•••••	<u> </u>	<u> </u>	_	7	- 7	-	75.	00				
Т	OTAL This Period (last page this line number	only)	•••••	•			7	7	_						

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	MPANY CIVIC FUND)
✓ Full Name (Last, First, Middle Initial) A. Mr. Todd Lawrence Mailing Address 116 Clarke Lane City Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Other (specify) ▼	State NH C Occupation Sr. V.P. Aggregate	Zip Code 03229 Year-to-Date ▼ 625.00	Date of Receipt 12 06 2013 Transaction ID : SA11AI.20330 Amount of Each Receipt this Period 25.00 payroll deduction of \$25
Full Name (Last, First, Middle Initial) Mr. Todd Lawrence Mailing Address 116 Clarke Lane City Hopkinton FEC ID number of contributing federal political committee. Name of Employer Phenix Mutual Fire Ins. Co. Receipt For: Primary General Other (specify) ▼	State NH C Occupation Sr. V.P. Aggregate	Zip Code 03229 Year-to-Date ▼ 650.00	Date of Receipt 12 20 2013 Transaction ID : SA11AI.20400 Amount of Each Receipt this Period 25.00 payroll deduction of \$25
Full Name (Last, First, Middle Initial) Mr. David W. Lemon Mailing Address 345 Southshore Drive City Greenback FEC ID number of contributing federal political committee. Name of Employer American Hardware Mutual Ins. Receipt For: Primary General Other (specify) ▼	State TN C Occupation Director Aggregate	Zip Code 37742 Year-to-Date ▼ 500.00	Date of Receipt 11 08 2013 Transaction ID : SA11AI.20122 Amount of Each Receipt this Period 125.00 payroll deduction of \$125
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) Michael Lisi Mailing Address 6740 Callaway Court			Date of Receipt				
	City	State	Zip Code	10 11 2013 Transaction ID : SA11AI.20123				
	Westerville	OH	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer	Occupation	1	payroll deduction of \$15				
	Motorists Mutual Ins. Company	Assist. V. P						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		315.00					
в.	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt				
	Mailing Address 6740 Callaway Court		10 25 2013					
	City	State OH	Zip Code	Transaction ID : SA11AI.20124				
	Westerville	ОП	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$15				
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		payroli deddellori or \$15				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00					
<u> </u>	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt				
	Mailing Address 6740 Callaway Court			11 08 2013				
	City Westerville	State OH	Zip Code	Transaction ID : SA11AI.20125				
		011	43082	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$15				
	Name of Employer	Occupation						
	Motorists Mutual Ins. Company Receipt For:	Assist. V. F		_				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00					
s	UBTOTAL of Receipts This Page (optional)		•	45.00				
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court	State	Zip Code	11 22 2013
	Westerville	OH	43082	Transaction ID : SA11AI.20259 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation	1	payroll deduction of \$15
	Motorists Mutual Ins. Company	Assist. V. P		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		360.00	
в.	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court			M = M / D = D / Y = Y = Y = Y 12 06 2013
	City	State OH	Zip Code	Transaction ID : SA11AI.20331
	Westerville	UH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		 payroll deduction of \$15
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		375.00	
с.	Full Name (Last, First, Middle Initial) Michael Lisi			Date of Receipt
	Mailing Address 6740 Callaway Court			M M / D D / Y Y Y Y 12 20 2013
	City	State OH	Zip Code	Transaction ID : SA11AI.20401
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00 payroll deduction of \$15
	Name of Employer	Occupation	l	
	Motorists Mutual Ins. Company Receipt For:	Assist. V. F		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
s	UBTOTAL of Receipts This Page (optional)		•	45.00
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU		OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Todd A. Long Mailing Address 1002 Loch Ness Avenue			Date of Receipt
City Worthington	State OH	Zip Code 43285	10 11 2013 Transaction ID : SA11AI.20126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Occupation Assist. V. P Aggregate		
B. Full Name (Last, First, Middle Initial) Mailing Address 1002 Loch Ness Avenue			Date of Receipt
City Worthington	State OH	Zip Code 43285	10 25 2013 Transaction ID : SA11AI.20127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	1	payroll deduction of \$15
Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	Assist. V. P Aggregate	Year-to-Date ▼ 330.00	
C. Full Name (Last, First, Middle Initial) Todd A. Long Mailing Address 1002 Loch Ness Avenue			Date of Receipt
City Worthington	State OH	Zip Code 43285	11 08 2013 Transaction ID : SA11AI.20128 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00 payroll deduction of \$15
Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. F Aggregate		
Other (specify) ▼		345.00	
SUBTOTAL of Receipts This Page (optional)		••••••	45.00
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND									
Full Name (Last, First, Middle Initial) A. Todd A. Long			[Date of	Re	ceipt					
Mailing Address 1002 Loch Ness Avenue				м м 11	/	22			013	Y	
City Worthington	State OH	Zip Code 43285					: SA11AI. Receipt th				
FEC ID number of contributing federal political committee.	С					,	,	_	15.	00	
Name of Employer	Occupation		p;	ayroll d	edu	ction o	f \$15				
Motorists Mutual Ins. Company Receipt For:	Assist. V. P		_								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
Full Name (Last, First, Middle Initial) B. Todd A. Long				Date of	Re	ceipt					
Mailing Address 1002 Loch Ness Avenue				м м 12	/	06		ү 20)13	Y	
City	State OH	Zip Code					SA11AI.				
Worthington FEC ID number of contributing federal political committee.	С	43285	/	Amount	of	Each I	Receipt th	is P	eriod 15.0	00	
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		— pa	ayroll de	edu	ction of	\$15				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00									
Full Name (Last, First, Middle Initial) C. Todd A. Long	1			Date of	Re	ceipt					
Mailing Address 1002 Loch Ness Avenue				м м 12	/	20)13	Y	
City Worthington	State OH	Zip Code 43285					: SA11AI. Receipt th				
FEC ID number of contributing federal political committee.	С					7		_	15.	00	
Name of Employer	Occupation	1	p	ayroll d	edu	iction o	f \$15				
Motorists Mutual Ins. Company	Assist. V. F).									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00									
SUBTOTAL of Receipts This Page (optional)		r	· ·			7	1 J	-	45.0	00]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13	\vdash	11k	b	11c 15	\square	12 16	17			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address #1 2441 121 Cir NE			Date of Receipt											
	City Blaine	State MN	Zip Code 55449	10 11 2013 Transaction ID : SA11AI.20129 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7			_	15.	00			
	Name of Employer American Hardware Mutual Ins Receipt For:	Occupation V.P.		P	ayroll d	edu	ICTIO	n of \$	15						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00												
в.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address #1 2441 121 Cir NE				Date of	Re) D	/ Y		Y 1	Y			
	City Blaine	State MN	Zip Code 55449	10 25 2013 Transaction ID : SA11AI.20130 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		n;	ayroll de	edu	,	n of \$′	15	_	15.	00			
	Name of Employer American Hardware Mutual Ins Receipt For:	Occupation V.P.				500	500	σι ψ							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00												
C.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel				Date of	Re									
	Mailing Address #1 2441 121 Cir NE	State	Zip Code		11 Trans	/	L	08 ID · S	/ Y	20)13 31	Ŷ			
	Blaine	MN	55449						ceipt th						
	FEC ID number of contributing federal political committee.	С		n	avroll d	ledu	Jotio	on of \$;15		15	00			
	Name of Employer American Hardware Mutual Ins Receipt For:	Occupation V.P.			.,a			4	-						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page		11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address #1 2441 121 Cir NE				Date of	_	ceipt	/ Y	Y	Y	Ŷ
	City Blaine	State MN	Zip Code 55449					SA11AI.2	2026		
	FEC ID number of contributing federal political committee.	С					7	eceipt thi	IS P	reriod 15.	
	Name of Employer American Hardware Mutual Ins Receipt For:	Occupation V.P.		p	ayroll d	edu	ction of	\$15			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00								
в.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel Mailing Address #1 2441 121 Cir NE			_	Date of	Re	D D	/ Y	Y		Y
	City Blaine	State MN	Zip Code 55449					SA11AI.2 eceipt thi	2033		
	FEC ID number of contributing federal political committee.	С				odu	, .	7	_	15.	00
	Name of Employer American Hardware Mutual Ins Receipt For:	Occupation V.P.		pa	ayroli de	eau	ction of S	¢15			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00								
c.	Full Name (Last, First, Middle Initial) Mr. Steven E. Manteufel				Date of	Re	ceipt				
	Mailing Address #1 2441 121 Cir NE	State	Zip Code		12	/	20		20)13	Y
	Blaine	MN	55449	/				SA11AI.: eceipt thi			
	FEC ID number of contributing federal political committee.	С			avroll d	edu	tion of	\$15	_	15	.00
	Name of Employer American Hardware Mutual Ins	Occupation V.P.			ayron a	cuu		ψIO			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE COI	MPANY CIVIC	FUND	
Full Name (Last, First, Middle Initial) A. Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing federal political committee.	State WI	Zip Code 54220		Date of Receipt
Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	Occupation Director	′ear-to-Date ▼	945.00	payroll deduction of \$45
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	State WI C Occupation Director Aggregate Y	Zip Code 54220 //ear-to-Date ▼	290.00	Date of Receipt 10 25 2013 Transaction ID : SA11AI.20133 Amount of Each Receipt this Period 45.00 payroll deduction of \$45
Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court City Manitowoc FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify)	State WI C Occupation Director Aggregate Y	Zip Code 54220 /ear-to-Date ▼ 11	035.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)				135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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11	EMIZED RECEIPTS		for each category Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17								
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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVI	C FUND									
Α.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken Mailing Address 2135 Hunters Ridge Court				Date of Receipt								
	City Manitowoc	State WI	Zip Code 54220		11 22 2013 Transaction ID : SA11AI.20262 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			45.00								
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Director			 payroll deduction of \$45 								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1080.00									
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Date of Receipt								
	Mailing Address 2135 Hunters Ridge Court				12 06 / Y Y Y Y Y 12 06 2013								
	City Manitowoc	State WI	Zip Code 54220		Transaction ID : SA11AI.20334 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			45.00 payroll deduction of \$45								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director											
	Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼											
c.	Full Name (Last, First, Middle Initial) Mr. Robert L. McCracken				Date of Receipt								
	Mailing Address 2135 Hunters Ridge Court				12 20 Y Y Y Y Y 12 20 2013								
	City Manitowoc	State WI	Zip Code 54220		Transaction ID : SA11AI.20404 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			45.00 payroll deduction of \$45								
	Name of Employer	Occupation											
	Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼	Director Aggregate	Year-to-Date ▼	1170.00									
\vdash	UBTOTAL of Receipts This Page (optional)			F	135.00								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check	la 🗌	one)	11c		<u></u>	17
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	MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND							
Α.	Full Name (Last, First, Middle Initial) Mark J. Nixon			Dat	e of F	Receipt				
	Mailing Address 662 East Fifth Avenue				м 10	/ 0		2013	Y	1
	City	State	Zip Code				' : SA11AI.			
	Lancaster	OH	43130	Am	ount c	of Each	Receipt th	is Perio	bd	
	FEC ID number of contributing federal political committee.	С				7		1	15.00	
	Name of Employer	Occupation		payr	oll dec	duction of	of \$15			
	Motorists Mutual Insurance Company	Manager		_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		315.00							
в.	Full Name (Last, First, Middle Initial) Mark J. Nixon			Dat	e of F	Receipt				
	Mailing Address 662 East Fifth Avenue			M	10	/ 2	р / ү 5	_ 2013	Y	1
	City	State	Zip Code	Tr	ansad	tion ID	: SA11AI.	20136		
	Lancaster	ОН	43130	Am	ount c	of Each	Receipt th	is Perio	d	_
	FEC ID number of contributing federal political committee.	С				7		1	5.00	
	Name of Employer Motorists Mutual Insurance Company	Occupation Manager		— payro	oli dec	luction c	01 \$15			
	Receipt For:		Year-to-Date ▼							
	Other (specify)		330.00							
— c.	Full Name (Last, First, Middle Initial) Mark J. Nixon			Dat	e of F	Receipt				
	Mailing Address 662 East Fifth Avenue				 1_1	/ D	D / Y 8	2013	Y	1
	City	State OH	Zip Code	Т	ansa	ction ID	: SA11AI	20137		
		ОП	43130	Am	ount c	of Each	Receipt th	is Perio	d	_
	FEC ID number of contributing federal political committee.	С		navi	oll de	duction	of \$15	1	15.00)
	Name of Employer	Occupation			on do	adotion	σι φισ			
	Motorists Mutual Insurance Company Receipt For:	Manager	Versite Data =	_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		345.00							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page		< 11a 13		11b		11c		12	1 7				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR														
A.	Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City Lancaster FEC ID number of contributing federal political committee. Name of Employer	State OH C Occupation	Zip Code 43130		Date of 11 Trans Amount	/ acti t of	ion I Eac	22 <u>ID : S</u>	A11AI.:	20 202		Y 00			
	Motorists Mutual Insurance Company Receipt For: Primary General Other (specify)	Manager Aggregate	Year-to-Date ▼ 360.00												
В.	Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue City	State	Zip Code		Date of	1	D	06	/	20	013	Y			
	Lancaster FEC ID number of contributing federal political committee.	ОН	43130	Transaction is i skill in a second											
	Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) v	Occupation Manager Aggregate	Year-to-Date ▼ 375.00		ayron a	cuu	Clior								
C.	Full Name (Last, First, Middle Initial) Mark J. Nixon Mailing Address 662 East Fifth Avenue	Otata	7in Oode	_	Date of	/		20		20)13	Y			
	City Lancaster FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Insurance Company Receipt For: Primary General Other (specify) ▼	State OH Occupation Manager Aggregate	Zip Code 43130 Year-to-Date ▼ 390.00		Trans	t of	Eac	ch Red				00			
s	UBTOTAL of Receipts This Page (optional)		•••••				7		7	_	45.0	00			
т	OTAL This Period (last page this line number	only)	••••••	•			,		,						

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSU	RANCE CO	OMPANY CIVIC FUND	
Full Name (Last, First, Middle Initial) A. Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			Date of Receipt
City	State	Zip Code	10 11 2013 Transaction ID : SA11AI.20138
Port Charlotte	FL	33953	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation	1	payroll deduction of \$50
Retired from MIG	Director		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1050.00	
Full Name (Last, First, Middle Initial) B. Thomas C. Ogg			Date of Receipt
Mailing Address 4612 Club Dr., Unit 201			M M / D D / Y Y Y Y Y 10 25 2013
City Doct Charlette	State FL	Zip Code 33953	Transaction ID : SA11AI.20139
Port Charlotte	r.	33953	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		payroll deduction of \$50
Name of Employer Retired from MIG	Occupatior Director	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) C. Thomas C. Ogg			Date of Receipt
Mailing Address 4612 Club Dr., Unit 201			M M / D D / Y Y Y Y Y 11 08 2013
City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.20140
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	payroll deduction of \$50
Retired from MIG	Director		
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1150.00	
SUBTOTAL of Receipts This Page (optional).			150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	MPANY CIVIC FUND	
Α.	Full Name (Last, First, Middle Initial) Thomas C. Ogg Mailing Address 4612 Club Dr., Unit 201			Date of Receipt
	City	State	Zip Code	11 22 2013 Transaction ID : SA11AI.20264
	Port Charlotte	FL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		payroll deduction of \$50
	Retired from MIG	Director		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		1200.00	
в.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 201			12 06 Y Y Y Y Y Y Y
	City Part Charlette	State FL	Zip Code 33953	Transaction ID : SA11AI.20336
	Port Charlotte	rL	33953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$50
	Name of Employer Retired from MIG	Occupation Director		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
с.	Full Name (Last, First, Middle Initial) Thomas C. Ogg			Date of Receipt
	Mailing Address 4612 Club Dr., Unit 201			M M / D D / Y Y Y Y Y 12 20 2013
	City Port Charlotte	State FL	Zip Code 33953	Transaction ID : SA11AI.20406
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		payroll deduction of \$50
	Retired from MIG	Director		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	
	UBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA							
Α.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt				
	Mailing Address 4460 Swenson Street			10 11 Y Y Y Y Y Y Y				
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.20141 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		— payroll deduction of \$15				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00					
в.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt				
	Mailing Address 4460 Swenson Street			10 25 2013				
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.20142 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		— payroll deduction of \$15				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00					
с.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock			Date of Receipt				
	Mailing Address 4460 Swenson Street			M M / D D / Y Y Y Y Y 11 08 2013				
	City Hilliard	State OH	Zip Code 43026	Transaction ID : SA11AI.20143 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		payroll deduction of \$15				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 345.00					
s	UBTOTAL of Receipts This Page (optional)			45.00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	contrib	utions	
<u> </u>	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA										
A.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock Mailing Address 4460 Swenson Street				Date of		ceipt) / Y	YYY	Y	
	City	State	Zip Code		11 Trans	acti	22 on ID :	SA11AL	2013 20265	_	
	Hilliard	OH	43026		Transaction ID : SA11AI.20265 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С				lodu	otion of	¢15	1	5.00	
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		ρ	ayron c	leau	ction of	Φ1 5			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]							
В.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock				Date of	f Re	ceipt				
	Mailing Address 4460 Swenson Street	State	Zip Code		12 06 2013						
	City Hilliard	\vdash	Transaction ID : SA11AI.20337 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	43026		15.00						
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		— p	payroll deduction of \$15						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00								
с.	Full Name (Last, First, Middle Initial) Mr. Mark Peacock				Date of	f Re	ceipt				
	Mailing Address 4460 Swenson Street				^M 12	/	20		ү ү 2013	Y	
	City Hilliard	State OH	Zip Code 43026					SA11AI. Receipt th		d	
	FEC ID number of contributing federal political committee.	С					7		1	5.00	
	Name of Employer	P	payroll deduction of \$15								
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P		_							
	Primary General Other (specify) V	Ayyreyale	Year-to-Date ▼ 390.00								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13	_	11b		11c		12 16	17
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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR			ε το SC	DIICIT COI	מוזוו	outior	is tr	om such	1 CO	mmitte	ee
A.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 5241 Lincoln Dr #119				Date of	_		t D	/ Y	Y	Y	Y
	City	State	Zip Code	_	10 11 2013 Transaction ID : SA11AI.20147							
	Edina FEC ID number of contributing federal political committee.	C	55436		Amoun				eceipt th		eriod 15.	
	Name of Employer American Hardware Mutual Ins. Receipt For:	Occupation V. P. Under	writing		ayroll c	ledu	uctior	n of \$	\$15			
	Primary General Other (specify)	Ayyregate	Year-to-Date ▼ 315.00									
в.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers Mailing Address 5241 Lincoln Dr #119			_	Date of	f Re		t	/ Y	Y	Y	Y
	City Edina	State MN	Zip Code 55436	_	10252013Transaction ID : SA11AI.20148Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			15.00						00	
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Under		P	 payroll deduction of \$15 							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00									
с.					Date of	f Re	eceip	t				
	Mailing Address 5241 Lincoln Dr #119	Stata	Zip Code		11 T			08		20)13	Y
	City Edina	State MN	Zip Code 55436						SA11AL			
	FEC ID number of contributing federal political committee.	С				lode	-		515		15	.00
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Under		F	bayroll c	iedl	lotior	1013	CI¢			
	Arriencan Hardware Mutual Ins. Receipt For: Primary Other (specify) ▼		Year-to-Date ▼ 345.00]								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	ny information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	IC FUND							
А.					Date of Receipt				
	Mailing Address 5241 Lincoln Dr #119 City	State	Zip Code		11 22 2013 Transaction ID : SA11AI.20267				
	Edina	MN	55436		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			15.00				
	Name of Employer	Occupation	1		payroll deduction of \$15				
	American Hardware Mutual Ins.	V. P. Under	writing						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		7 7	360.00					
B.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers		Date of Receipt						
	Mailing Address 5241 Lincoln Dr #119				12 06 Y Y Y Y Y Y				
	City	State MN	Zip Code		Transaction ID : SA11AI.20339				
	Edina	IVIIN	55436	_	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			15.00 payroll deduction of \$15				
	Name of Employer American Hardware Mutual Ins.	Occupation V. P. Under							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	375.00					
с.	Full Name (Last, First, Middle Initial) Mr. Carl Richard Powers				Date of Receipt				
	Mailing Address 5241 Lincoln Dr #119				12 20 / Y Y Y Y Y 12 20 2013				
	City Edina	State MN	Zip Code 55436		Transaction ID : SA11AI.20409				
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period				
	Name of Employer	Occupation			payroll deduction of \$15				
	American Hardware Mutual Ins.	V. P. Under	rwriting						
	Receipt For:	Aggregate	Year-to-Date v						
	Other (specify)		7 7	390.00					
⊢	UBTOTAL of Receipts This Page (optional)				45.00				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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			for each category of Detailed Summary Pa		X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC F	FUND					
Α.	Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle				Date of Receipt				
	City	State	Zip Code		10 11 2013 Transaction ID : SA11AI.20150				
	FEC ID number of contributing federal political committee.	ОН	43065]	Amount of Each Receipt this Period				
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)	Occupation Assist. V. P Aggregate	Year-to-Date ▼	5.00	payroll deductionof \$15				
В.	Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle				Date of Receipt 10 25 2013				
	City Powell FEC ID number of contributing federal political committee.	State OH	Zip Code 43065	1	Transaction ID : SA11AI.20151 Amount of Each Receipt this Period 15.00				
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P Aggregate			payroll deductionof \$15				
	Primary General Other (specify) ▼		, 330	0.00					
C.	Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle				Date of Receipt				
	City Powell	State OH	Zip Code 43065		11 08 2013 Transaction ID : SA11AI.20152 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C			15.00 payroll deductionof \$15				
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) v	Occupation Assist. V. P Aggregate	9. Year-to-Date ▼	5.00					
	UBTOTAL of Receipts This Page (optional)				45.00				

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) Damian Puchala Mailing Address 325 Olenview Circle			Date of Receipt				
	City	State	Zip Code	11 22 2013 Transaction ID : SA11AI.20268				
	Powell	OH	43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer	Occupation	l	payroll deductionof \$15				
	Motorists Mutual Ins. Company	Assist. V. P						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
			/5 /5 /8					
в.	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt				
	Mailing Address 325 Olenview Circle			M M / D D / Y Y Y Y Y 12 06 2013				
	City	State OH	Zip Code	Transaction ID : SA11AI.20340				
	Powell	ОП	43065	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		payroll deductionof \$15				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Damian Puchala			Date of Receipt				
	Mailing Address 325 Olenview Circle			M = M / D = D / Y = Y = Y = Y 12 20 2013				
	City Powell	State OH	Zip Code 43065	Transaction ID : SA11AI.20410				
			43003	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer Occ								
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P		_				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00					
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	OMPANY CIVIC FUND					
Α.	Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street			Date of Receipt			
	City Eldridge	State IA	Zip Code 52748	10 11 2013 Transaction ID : SA11AI.20153 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer Iowa Mutual Ins. Co. Receipt For: Primary General		n nercial Lines Year-to-Date ▼	 payroll deduction of \$15 			
	Ull Name (Last, First, Middle Initial)		315.00				
в.	Georgia Puls Mailing Address 825 West Price Street			Date of Receipt			
	City Eldridge FEC ID number of contributing	State IA	Zip Code 52748	Transaction ID : SA11AI.20154 Amount of Each Receipt this Period 15.00 payroll deduction of \$15			
	federal political committee.	Occupation					
	Iowa Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		nercial Lines Year-to-Date ▼ 330.00				
C.	Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street			Date of Receipt			
	City Eldridge	State IA	Zip Code 52748	M M M M Y Y Y Y 11 08 2013 Transaction ID : SA11AI.20155 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$15			
Paggint For:			nercial Lines				
	Primary General Other (specify) ▼	Ayyreyale	Year-to-Date ▼ 345.00				
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA						
Α.	Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street			Date of Receipt			
	City Eldridge	State IA	Zip Code 52748	11 22 2013 Transaction ID : SA11AI.20269 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer Iowa Mutual Ins. Co. Receipt For: Primary General		n nercial Lines Year-to-Date ▼	 payroll deduction of \$15 			
	Other (specify) ▼		360.00				
В.	Full Name (Last, First, Middle Initial) Georgia Puls Mailing Address 825 West Price Street			Date of Receipt			
	City Eldridge FEC ID number of contributing	State IA	Zip Code 52748	Transaction ID : SA11AI.20341 Amount of Each Receipt this Period			
	federal political committee. Name of Employer Iowa Mutual Ins. Co.	C Occupation V. P. Comm	nercial Lines	payroll deduction of \$15			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00				
c.	Full Name (Last, First, Middle Initial) Georgia Puls			Date of Receipt			
	Mailing Address 825 West Price Street	State	Zip Code	12 20 2013 Transaction ID : SA11AI.20411			
	Eldridge FEC ID number of contributing	IA	52748	Amount of Each Receipt this Period			
	federal political committee.	Occupation		payroll deduction of \$15			
Iowa Mutual Ins. Co. V. P. Com			nercial Lines Year-to-Date ▼	_			
	Primary General Other (specify) ▼	Ayyı eyale	390.00				
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND	
A.	Full Name (Last, First, Middle Initial) Kelly Reisling Mailing Address 3178 Ranke Court			Date of Receipt
	City	State	Zip Code	10 11 2013 Transaction ID : SA11AI.20156
	Grove City	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation	1	payroll deduction of \$15
	Motorists Mutual Ins Co.	Asst. VP		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00	
В.	Full Name (Last, First, Middle Initial) Kelly Reisling			Date of Receipt
	Mailing Address 3178 Ranke Court			10 25 2013
	City Crown City	State OH	Zip Code 43123	Transaction ID : SA11AI.20157
	Grove City FEC ID number of contributing federal political committee.	43123	Amount of Each Receipt this Period	
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	1	 payroll deduction of \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
С.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 3178 Ranke Court			M = M / D = D / Y = Y = Y = Y Y 11 08 2013
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.20158 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				15.00
	Name of Employer	payroll deduction of \$15		
	Motorists Mutual Ins Co.	_		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND						
Α.	Full Name (Last, First, Middle Initial) Kelly Reisling Mailing Address 3178 Ranke Court			Date of Receipt					
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.20270					
	FEC ID number of contributing federal political committee.	С	10120	Amount of Each Receipt this Period					
	Name of Employer	Occupation	1	payroll deduction of \$15					
	Motorists Mutual Ins Co. Receipt For: Primary General Other (specify) ▼	Asst. VP Aggregate	Year-to-Date ▼ 360.00						
в.	Full Name (Last, First, Middle Initial) Kelly Reisling			Date of Receipt					
	Mailing Address 3178 Ranke Court			12 06 2013					
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.20342 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.								
	Name of Employer Motorists Mutual Ins Co.	Occupation Asst. VP	1	payroll deduction of \$15					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) Kelly Reisling			Date of Receipt					
	Mailing Address 3178 Ranke Court			M M / D D / Y Y Y Y 12 20 2013					
	City Grove City	State OH	Zip Code 43123	Transaction ID : SA11AI.20412 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$15					
	Name of Employer	of Employer Occupation							
	Motorists Mutual Ins Co. Receipt For:								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00						
s	UBTOTAL of Receipts This Page (optional)		•	45.00					
	OTAL This Period (last page this line number of								

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND				
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenue			Date of Receipt			
	City Worthington	State OH	Zip Code 43085	10 11 2013 Transaction ID : SA11AI.20159 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)		g Prod & Svs Year-to-Date ▼ 525.00	 payroll deduction of \$25 			
В.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz Mailing Address 1026 Loch Ness Avenue			Date of Receipt			
	City Worthington FEC ID number of contributing federal political committee.	State OH	Zip Code 43085	Transaction ID : SA11AI.20160 Amount of Each Receipt this Period 25.00			
	Name of Employer Motorists Mutual Ins. Company Receipt For: Primary General Other (specify)		g Prod & Svs Year-to-Date ▼ 550.00	payroll deduction of \$25			
<u></u> с.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz			Date of Receipt			
	Mailing Address 1026 Loch Ness Avenue	State OH	Zip Code 43085	M M / D D / Y Y Y Y 11 08 2013			
FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Company VP Plann Descript For:				Amount of Each Receipt this Period			
			g Prod & Svs	payroll deduction of \$25			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00				
s	UBTOTAL of Receipts This Page (optional)		•	75.00			
Т	OTAL This Period (last page this line number	only)					

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	EMIZED RECEIPTS		Detailed Summary Page	X	1 1a		11b	11c		12				
					13		14	15		16		17		
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any ddress of any political committe	person t e to so	for the plicit con	purp ntribu	ose of utions	i soliciting from such	j cor h co	ntribut mmitte	ions ee.			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUNI)										
Α.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of Receipt									
	Mailing Address 1026 Loch Ness Avenue					11 22 / Y Y Y Y Y								
	City State Zip Code Worthington OH 43085						Transaction ID : SA11AI.20271							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer	Occupation	1	— р	ayroll d	leduo	ction of	f \$25						
	Motorists Mutual Ins. Company	VP Planning	g Prod & Svs											
	Receipt For:	Year-to-Date ▼												
	Primary General Other (specify)		600.00]										
в.	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Red	ceipt							
	Mailing Address 1026 Loch Ness Avenue		12 06 2013											
	City	State	Zip Code		Transaction ID : SA11AI.20343									
	Worthington	OH	43085		Amount	t of I	Each F	Receipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			25.00									
	Name of Employer Motorists Mutual Ins. Company	Occupation VP Planning	g Prod & Svs	p;	payroll deduction of \$25									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Randolph A. Rudowicz				Date of	f Red	ceipt							
	Mailing Address 1026 Loch Ness Avenue				^M 12	/	20)13	Y			
	City Worthington	State OH	Zip Code 43085	-	Transaction ID : SA11AI.20413 Amount of Each Receipt this Period 25.00									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer	P	payroll c	deduo	ction o	f \$25								
	Motorists Mutual Ins. Company													
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		650.00]										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 108 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and State or for commercial purposes, other than using the nat									
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANCE COMPANY CIVIC FUND									
A. Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive		Date of Receipt							
City Sheboygan	State Zip Code WI 53081	10 11 2013 Transaction ID : SA11AI.20162 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	15.00 payroll deduction of \$15							
Wilson Mutual Ins. Co. V. Receipt For: A Primary General	ccupation P. Underwriting ggregate Year-to-Date ▼ 315.00								
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive	313.00	Date of Receipt							
City Sheboygan FEC ID number of contributing federal political committee.	State Zip Code WI 53081	10 25 2013 Transaction ID : SA11AI.20163 Amount of Each Receipt this Period 15.00							
Name of Employer O Wilson Mutual Ins. Co. V. Receipt For: A Primary General	ccupation P. Underwriting ggregate Year-to-Date ▼ 330.00	payroll deduction of \$15							
C. Other (specify) ▼ Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive	Date of Receipt								
City Sheboygan FEC ID number of contributing	State Zip Code WI 53081	11 08 2013 Transaction ID : SA11AI.20164 Amount of Each Receipt this Period 15.00							
Name of Employer O Wilson Mutual Ins. Co. V	ccupation P. Underwriting	payroll deduction of \$15							
Primary General A Other (specify) ▼	ggregate Year-to-Date ▼ 345.00								
SUBTOTAL of Receipts This Page (optional)		45.00							

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	ny information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz	Mrs. Karen L. Schultz											
	Mailing Address 1116 Sommer Drive			11 22 2013									
	City Sheboygan	State WI	Zip Code 53081	Transaction ID : SA11AI.20272 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		15.00									
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Under		 payroll deduction of \$15 									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
В.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz Mailing Address 1116 Sommer Drive			Date of Receipt									
	City Sheboygan	State WI	Zip Code 53081	Transaction ID : SA11AI.20344 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		15.00									
	Name of Employer Wilson Mutual Ins. Co.	Occupation V. P. Under		 payroll deduction of \$15 									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
с.	Full Name (Last, First, Middle Initial) Mrs. Karen L. Schultz			Date of Receipt									
	Mailing Address 1116 Sommer Drive			M M / D D / Y Y Y Y 12 20 2013									
	City Sheboygan	State WI	Zip Code 53081	Transaction ID : SA11AI.20414 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		15.00									
	Name of Employer	Occupation		payroll deduction of \$15									
	Wilson Mutual Ins. Co. Receipt For:	V. P. Under	rwriting Year-to-Date ▼	_									
	Primary General Other (specify)	Ayyieyale	390.00										
s	UBTOTAL of Receipts This Page (optional)		•	45.00									
т	OTAL This Period (last page this line number of	only)	•										

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
	for commercial purposes, other than using the			person for the purpose of soliciting contributions tee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUN	D								
Α.	Full Name (Last, First, Middle Initial) Austin Slattery Mailing Address 734 Prairie Run Dr.			Date of Receipt								
	City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.20165 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer Motorists Mutual Ins Co. Receipt For: Primary General Other (specify) ▼	Occupation Assistant V Aggregate		payroll deduction of \$15								
B.	Full Name (Last, First, Middle Initial) Austin Slattery Mailing Address 734 Prairie Run Dr.			Date of Receipt								
	City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.20166 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$15								
	Name of Employer Motorists Mutual Ins Co.	Occupation Assistant VI										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt								
	Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y 11 08 2013								
	City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.20167 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		, 15.00								
	Name of Employer	Occupation		payroll deduction of \$15								
	Motorists Mutual Ins Co. Receipt For: Primary General Other (specify) ▼	Assistant V Aggregate	P Year-to-Date ▼ 345.00									
s	UBTOTAL of Receipts This Page (optional)			▶ 45.00								
1	OTAL This Period (last page this line number of	only)										

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND											
Α.	Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt										
	Mailing Address 734 Prairie Run Dr.	State	Zip Code	11 22 2013 Transaction ID : SA11AL20273										
	Sunbury	OH	43074	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer	Occupation	1	payroll deduction of \$15										
	Motorists Mutual Ins Co.	Assistant V	Р											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		360.00											
в.	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y Y 12 06 2013										
	City	State OH	Zip Code	Transaction ID : SA11AI.20345										
	Sunbury		43074	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$15										
	Name of Employer Motorists Mutual Ins Co.	Occupation Assistant V		payroli deddellori or \$15										
	Receipt For:		Year-to-Date ▼	_										
	Primary General Other (specify) ▼		375.00											
с.	Full Name (Last, First, Middle Initial) Austin Slattery			Date of Receipt										
	Mailing Address 734 Prairie Run Dr.			M M / D D / Y Y Y Y Y 12 20 2013										
	City Sunbury	State OH	Zip Code 43074	Transaction ID : SA11AI.20415										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer	Occupation	1	payroll deduction of \$15										
	Motorists Mutual Ins Co.	Assistant V												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		390.00											
s	UBTOTAL of Receipts This Page (optional)		••••••	45.00										
Т	OTAL This Period (last page this line number c	only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Pa	age		11a 13	$\left - \right $	11b 14	11c	12	17						
	y information copied from such Reports and S for commercial purposes, other than using the					or the		ose of	soliciting	contribu	utions						
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR																
A.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith				Date of Receipt												
	Mailing Address 29270 Hampshire Place				10 11 _ 2013 _												
	City Westlake	State OH	Zip Code 44145			Transaction ID : SA11AI.20168 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С]		Amount		,	eceipt in		5.00						
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1		— p;	ayroll d	leduo	ction of	\$55								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 115	5.00													
	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt													
	Mailing Address 29270 Hampshire Place							10 25 2013									
	City Westlake						SA11AI.: eceipt th		4								
	FEC ID number of contributing federal political committee.]				,	, 1		5.00							
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	I	payroll deduction of \$55													
	Receipt For: Primary General Other (specify) ▼	Aggregate]														
c.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith				[Date of	Re	ceipt									
	Mailing Address 29270 Hampshire Place					M M 11	/	D D 08	/ Y	y y 2013	Y						
	City Westlake	State OH	Zip Code 44145						SA11AI. eceipt th		4						
	FEC ID number of contributing federal political committee.	С						,			5.00						
	Name of Employer	Occupation	1		p	ayroll d	ledu	ction of	\$55								
	Motorists Mutual Ins. Co. Receipt For:	Director	Year-to-Date ▼		_												
	Primary General Other (specify)	Ayyıeyale]														
s	UBTOTAL of Receipts This Page (optional)							, .		16	5.00						
т	OTAL This Period (last page this line number	only)		····· ►				7									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND	
A.				Date of Receipt
	Mailing Address 29270 Hampshire Place	State	Zip Code	11 22 2013 Transaction ID : SA11AI.20274
	Westlake	OH	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer	Occupation	1	payroll deduction of \$55
	Motorists Mutual Ins. Co.	Director		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1320.00	
B.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Place		12 06 2013	
	City	State OH	Zip Code	Transaction ID : SA11AI.20346
	Westlake	UH	44145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer Motorists Mutual Ins. Co.	Occupation Director	1	 payroll deduction of \$55
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		1375.00	
c.	Full Name (Last, First, Middle Initial) Mr. Robert C. Smith			Date of Receipt
	Mailing Address 29270 Hampshire Place			M M / D D / Y Y Y Y Y 12 20 2013
	City Westlake	State OH	Zip Code 44145	Transaction ID : SA11AI.20416
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	payroll deduction of \$55
	Motorists Mutual Ins. Co.	Director		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1430.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	165.00
Т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b		11c 15	\square	12 16	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson f	or the	urp purp ntrib	pose	of s Is frc	oliciting	لب cor ۱ co	ntribut	ions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr. Mailing Address 6418 Summers Nook Drive			Date of Receipt											
	City New Albany	State OH	Zip Code 43054		10 11 2013 Transaction ID : SA11AI.20172 Amount of Each Receipt this Revised										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation VP MAX Se	ervice	— p	ayroll d	edu	iction	of \$	15						
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 315.00												
В.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr. Mailing Address 6418 Summers Nook Drive			Date of Receipt											
	City New Albany	State	Zip Code 43054		10 25 2013 Transaction ID : SA11AI.20173 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		payroll deduction of \$15											
	Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Se													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00												
C.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr.				Date of	Re	eceipt								
	Mailing Address 6418 Summers Nook Drive				м м 11	1		D 08	/ Y)13	Y			
	City New Albany	State OH	Zip Code 43054						A11AI.2 ceipt thi						
	FEC ID number of contributing federal political committee.	С					7			_	15.	.00			
	Name of Employer	Occupation		p	ayroll d	edu	iction	of \$,15						
	Motorists Mutual Ins. Company Receipt For:	VP MAX Se	ervice												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.00												
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т	OTAL This Period (last page this line number	only)					,			_					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13	11b 11c 12 14 15 16					17				
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose o	f soliciti		ontribu	tions				
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	MPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr. Mailing Address 6418 Summers Nook Drive				Date of	_	· ·	D /	Y	Y Y	Y				
	City	State	Zip Code	11 22 2013 Transaction ID : SA11AI.20275											
	New Albany	OH	43054					Receipt							
	FEC ID number of contributing federal political committee.	С					,			15	.00				
	Name of Employer	Occupation		p	ayroll d	edu	iction o	f \$15							
	Motorists Mutual Ins. Company Receipt For: Primary General Other (specify) ▼	VP MAX Se Aggregate	Year-to-Date ▼ 360.00												
в.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr. Mailing Address 6418 Summers Nook Drive			Date of Receipt											
				12 06 2013 Transaction ID : SA11AI.20347 Amount of Each Receipt this Period											
	City New Albany	State OH	Zip Code 43054												
	FEC ID number of contributing federal political committee.	С		15.00											
	Name of Employer Motorists Mutual Ins. Company	Occupation VP MAX Se		— pa	 payroll deduction of \$15 										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00												
C.	Full Name (Last, First, Middle Initial) Ralph W. Smithers Jr.				Date of	Re	eceipt								
	Mailing Address 6418 Summers Nook Drive				м м 12	/	20			2013	Y				
	City New Albany	State OH	Zip Code 43054					: SA11/	41.204	417					
	FEC ID number of contributing federal political committee.	С			Amount	. 01	,	Receipt	unis i		i.00				
	Name of Employer	Occupation		р	ayroll d	ledu	uction o	f \$15							
	Motorists Mutual Ins. Company Receipt For:	VP MAX Se		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00												
s	UBTOTAL of Receipts This Page (optional)						7			45	.00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	\vdash	11b 14	11c	\vdash	12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the			of solicitir		ontribu	tions		
$\left\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	OMPANY CIVIC FUND										
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive			Date of Receipt									
	City New Albany	State OH	Zip Code 43054	_	2013 1 75 Period								
	FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For:		& Affiliate Operations	— F	ayroll c	ledu	, iction c	of \$25		25	.00		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00										
В.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive			_	Date of		eceipt		Y Y 21	013	Y		
	City New Albany FEC ID number of contributing	State OH	Zip Code 43054	Transaction ID : SA11AI.20176 Amount of Each Receipt this Period									
	federal political committee. Name of Employer	Occupation		— р	payroll deduction of \$25								
	Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		Affiliate Operations Year-to-Date ▼ 550.00]									
C.	Full Name (Last, First, Middle Initial) Charles D. Stapleton Mailing Address 6900 Kindler Drive				Date o		D			Y	Y		
	City New Albany FEC ID number of contributing federal political committee. Name of Employer Motorists Mutual Ins. Co. Receipt For: Primary General Other (specify) ▼		Zip Code 43054 & Affiliate Operations Year-to-Date ▼ 575.00			t of	Each	: SA11A Receipt	1.201	Period	.00		
s	UBTOTAL of Receipts This Page (optional)		••••••				,			75.	00		
т	OTAL This Period (last page this line number o	nly)					,						

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND									
Α.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt								
	Mailing Address 6900 Kindler Drive	State	Zip Code	11 22 2013 Transaction ID : SA11AI.20276								
	New Albany	OH	43054	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer	Occupation	1	payroll deduction of \$25								
	Motorists Mutual Ins. Co.	Sr. VP CL 8	& Affiliate Operations									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		600.00									
B.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt								
	Mailing Address 6900 Kindler Drive			12 / Y Y Y Y Y 12 06 2013								
	City	State OH	Zip Code	Transaction ID : SA11AI.20348								
	New Albany	ОП	43054	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer Motorists Mutual Ins. Co.	Occupation Sr. VP CL &	Affiliate Operations	 payroll deduction of \$25 								
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General Other (specify) ▼		625.00									
c.	Full Name (Last, First, Middle Initial) Charles D. Stapleton			Date of Receipt								
	Mailing Address 6900 Kindler Drive			M M / D D / Y Y Y Y 12 20 2013								
	City	State OH	Zip Code	Transaction ID : SA11AI.20418								
	New Albany	ОП	43054	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00 payroll deduction of \$25								
	Name of Employer	Occupation	1									
	Motorists Mutual Ins. Co. Receipt For:		& Affiliate Operations	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00									
			Agi. 1 (Agi. 1 (Agi. 1									
s	UBTOTAL of Receipts This Page (optional)		•	75.00								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUN	ND									
A. Full Name (Last, First, Middle Initial) Tamera A. Stephens Mailing Address 8816 Cooks Hill Road			D	Date of Receipt								
City	State	Zip Code		10 11 2013 Transaction ID : SA11AI.20178								
Glenford	OH	43739	A	mount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			25.00								
Name of Employer	Occupation	ı	pa	yroll deduction of \$25								
Motorists Mutual Insurance Company	Vice Presic	dent										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00										
Full Name (Last, First, Middle Initial) B. Tamera A. Stephens			D	ate of Receipt								
Mailing Address 8816 Cooks Hill Road				10 25 2013								
City Glenford	State OH	Zip Code 43739		Transaction ID : SA11AI.20179 mount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			25.00								
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presid		pa	yroll deduction of \$25								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00										
Full Name (Last, First, Middle Initial) C. Tamera A. Stephens			D	ate of Receipt								
Mailing Address 8816 Cooks Hill Road				11 08 2013								
City Glenford	State OH	Zip Code 43739		Transaction ID : SA11AI.20180 mount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			25.00								
Name of Employer	Occupation	1	pa	ayroll deduction of \$25								
Motorists Mutual Insurance Company	Vice Presid	dent										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00										
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			— i	75.00								

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUI	IND
Full Name (Last, First, Middle Initial) A. Tamera A. Stephens Mailing Address 8816 Cooks Hill Road			Date of Receipt
City	State	Zip Code	11 22 2013 Transaction ID : SA11AI.20277
Glenford	OH	43739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presic		payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	0
Full Name (Last, First, Middle Initial) B. Tamera A. Stephens			Date of Receipt
Mailing Address 8816 Cooks Hill Road			12 06 2013
City Glenford	State OH	Zip Code 43739	Transaction ID : SA11AI.20349 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presid		payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	0
Full Name (Last, First, Middle Initial) C. Tamera A. Stephens			Date of Receipt
Mailing Address 8816 Cooks Hill Road			12 20 / Y Y Y Y Y 12 20 2013
City Glenford	State OH	Zip Code 43739	Transaction ID : SA11AI.20419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer	Occupatior	1	payroll deduction of \$25
Motorists Mutual Insurance Company	Vice Presic	dent	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	0
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	X 11a 11b 11c 12 13 14 15 16											
	y information copied from such Reports and St. for commercial purposes, other than using the					or the		pose of	soliciting		ntribut	ions	17			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CC	MPANY CIVIC FU	JND												
Α.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson Mailing Address 2060 Maxwell Avenue				Date of Receipt											
	City Lewis Center	State OH	Zip Code 43035		10 11 2013 Transaction ID : SA11AI.20181											
	FEC ID number of contributing federal political committee.	C	45055		Amount of Each Receipt this Period											
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P			— pa	ayroll d	edu	ction of	\$25							
	Primary General Other (specify) ▼		525.00	00												
B.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson				[Date of	Re	ceipt								
	Mailing Address 2060 Maxwell Avenue	State	Zip Code		10 / 25 / 2013 Transaction ID : SA11AI.20182											
	Lewis Center	OH	43035		-				SATTAL:							
	FEC ID number of contributing federal political committee.	С		25.00												
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P			payroll deduction of \$25											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	0												
C.	Full Name (Last, First, Middle Initial) Mr. Craig Thompson					Date of	Re	ceipt								
	Mailing Address 2060 Maxwell Avenue	01212	7.0.1			м м 11	/	08		20)13	Υ				
	City Lewis Center	State OH	Zip Code 43035						SA11AL							
	FEC ID number of contributing federal political committee.	С						,				.00]			
	Name of Employer	Occupation			p;	ayroll d	edu	iction of	\$25							
	Motorists Mutual Ins. Company	Assist. V. P														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		575.0	00												
s	UBTOTAL of Receipts This Page (optional)				7		_	75.	00							
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE COMPANY CIVIC FUN	D
Full Name (Last, First, Middle Initial) A. Mr. Craig Thompson		Date of Receipt
Mailing Address 2060 Maxwell Avenue	State Zip Code	
Lewis Center	OH 43035	Transaction ID : SA11AI.20278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	payroll deduction of \$25
Motorists Mutual Ins. Company Receipt For:	Assist. V. P.	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) B. Mr. Craig Thompson		Date of Receipt
Mailing Address 2060 Maxwell Avenue		12 06 2013
City Lewis Center	State Zip Code OH 43035	Transaction ID : SA11AI.20350
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P.	payroll deduction of \$25
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) C. Mr. Craig Thompson		Date of Receipt
Mailing Address 2060 Maxwell Avenue		12 / Y Y Y Y Y 20 2013
City Lewis Center	State Zip Code OH 43035	Transaction ID : SA11AI.20420 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	payroll deduction of \$25
Motorists Mutual Ins. Company	Assist. V. P.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CC	MPANY CIVIC FU	IND	
Full Name (Last, First, Middle Initial) A. Mrs. Sharon B Thompson				Date of Receipt
Mailing Address 5444 Spring Hill Road	State	Zip Code		10 11 2013 Transaction ID : SA11AI.20185
Grove City	OH	43123	-	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VF	5		payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.0	0	
Full Name (Last, First, Middle Initial) B. Mrs. Sharon B Thompson				Date of Receipt
Mailing Address 5444 Spring Hill Road				10 / Y Y Y Y Y 10 25 2013
City Grove City	State OH	Zip Code 43123		Transaction ID : SA11AI.20186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			15.00
Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant VF)		payroll deduction of \$15
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	0	
Full Name (Last, First, Middle Initial) C. Mrs. Sharon B Thompson				Date of Receipt
Mailing Address 5444 Spring Hill Road				M M / D D / Y Y Y Y 11 08 2013
City Grove City	State OH	Zip Code 43123		Transaction ID : SA11AI.20187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			15.00
Name of Employer	Occupation			payroll deduction of \$15
Motorists Mutual Ins. Co. Receipt For:	Assistant VI			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.0	0	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page		✓ 11a 13		11b	11c 15	12		17		
	ny information copied from such Reports and s for commercial purposes, other than using the										S		
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUI	ND									
Α.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson Mailing Address 5444 Spring Hill Road City	State	Zin Codo		Date of	/	22	/ Y	2013				
	Grove City	State OH	Zip Code 43123		Amount			SA11AI		od			
	FEC ID number of contributing federal political committee.	С				,				15.00			
	Name of Employer Motorists Mutual Ins. Co. Receipt For:	Occupation Assistant V			payroll c	leduc	tion of \$	\$15					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
B.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson				Date of	f Rec	eipt						
	Mailing Address 5444 Spring Hill Road				12	/	06	/ Y	2013				
	City Grove City	State OH		Transaction ID : SA11AI.20351 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				,		J		15.00			
	Name of Employer Motorists Mutual Ins. Co.	Occupation Assistant V		r	oayroll d	educt	tion of \$	515					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
с.	Full Name (Last, First, Middle Initial) Mrs. Sharon B Thompson				Date of	f Rec	eipt						
	Mailing Address 5444 Spring Hill Road				M M 12	/	20	/ Y	2013				
	City Grove City	State OH	Zip Code 43123		Trans Amount			SA11AI		od			
	FEC ID number of contributing federal political committee.	С				,				15.00			
	Name of Employer	Occupation			payroll c	deduc	tion of	\$15					
	Motorists Mutual Ins. Co.	Assistant V	Ϋ́Ρ										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00)									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose o			ontribut	ions
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND)							
Α.	Full Name (Last, First, Middle Initial) Mr. Alan R. Tubbs				Date of	Re	eceipt				
	Mailing Address 1300 Scenic Hill Ln.	State	Zip Code		1_1 Trans		08		2	2013	Y
	DeWitt	IA	52742					Receipt t			
	FEC ID number of contributing federal political committee.	С					,		_	125	.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation Director		F	ayroll d	ledu	iction o	f \$125			
	Receipt For: Primary General Other (specify) ▼	, I	Year-to-Date ▼ 500.00	1							
В.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.			_	Date of	f Re	eceipt	D / Y	Y	Y	Y
	City	State	Zip Code		10 Trans	acti	11 ion ID ·	SA11AI		013 88	
	Columbus	OH	43235					Receipt t			
	FEC ID number of contributing federal political committee.	С					7		_	20.	00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presid		— p	ayroll d	edu	ction of	\$20			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00								
С.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger	1			Date of	Re	eceipt				
	Mailing Address 7105 Lakebrook Blvd.				M M 10	/	25			013	Y
	City Columbus	State OH	Zip Code 43235					: SA11A Receipt t			
	FEC ID number of contributing federal political committee.	С					7				.00
	Name of Employer	Occupation	1		bayroll d	ledu	uction o	f \$20			
	Motorists Mutual Insurance Company	Vice Presic	lent								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	1							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13		11b 14	2 _	11c 15	1:	2 6	17
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUNE)								
A .	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.				Date o			ot	/ Y	Y	Y	Y
	City	State	Zip Code		11 Trans	acti	ion	08 • • •	SA11AI.	201		
	Columbus	OH	43235						eceipt th			
	FEC ID number of contributing federal political committee.	С					7				20.	00
	Name of Employer	Occupation		р	ayroll c	ledu	ictio	n of S	\$20			
	Motorists Mutual Insurance Company Receipt For:	Vice Presid										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 460.00	1								
в.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger				Date o	f Re	eceip	ot				
	Mailing Address 7105 Lakebrook Blvd.				M M	1	D	22	/ Y	2013		Y
	City Columbus	State OH	Zip Code 43235	_					SA11AL			
	FEC ID number of contributing federal political committee.	С			Amoun		Eac		eceipt th	is Per	20.	00
	Name of Employer Motorists Mutual Insurance Company	Occupation Vice Presid		— p;	ayroll d	edu	ctior	n of \$	520			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Peter A. Weisenberger				Date o	f Re	eceip	ot				
	Mailing Address 7105 Lakebrook Blvd.				м м 12	/	D	06	/ Y	2013		Y
	City Columbus	State OH	Zip Code 43235						SA11AI.			
	FEC ID number of contributing federal political committee.	С					3				20.	00
	Name of Employer	Occupation	1	p	ayroll o	dedu	uctio	on of S	\$20			
	Motorists Mutual Insurance Company	Vice Presid	lent									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13	-	11b 14	11c 15		2 6	17
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	NCE CO	OMPANY CIVIC FUND								
Α.	Full Name (Last, First, Middle Initial) Peter A. Weisenberger Mailing Address 7105 Lakebrook Blvd.				Date of	_	D I I			Y	Y
	City Columbus	State OH	Zip Code 43235					SA11AI		3	
	FEC ID number of contributing federal political committee.	С		p	avroll d		ction of	\$20	_	20.0	00
	Name of Employer Motorists Mutual Insurance Company Receipt For:	Occupation Vice Presid Aggregate		- '	,			•			
	Primary General Other (specify) ▼		520.00								
в.	Full Name (Last, First, Middle Initial) Mr. Robert L. Western Mailing Address 5203 South 8th Street			(Date of	f Re	ceipt		Y	Y	1
	City	State	Zip Code		11	acti	08		2013	3	
	Sheboygan FEC ID number of contributing federal political committee.	C	53081	/	Amount			Receipt th	nis Per	riod 62.5	50
	Name of Employer Wilson Mutual Ins. Company	Occupation President		pa	ayroll d	edu	ction of	\$62.50			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 502.50								
c.					Date of	Re	ceipt				
	Mailing Address 4918 Norfolk Drive	State	Zip Code		10	Ŀ	11		201	3	Y
	Bettendorf	IA	52722	/				SA11AI Receipt th			
	FEC ID number of contributing federal political committee.	С			avroll	ledu	iction of	f \$15		15.0	00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claim			ay: en e			ψīσ			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00								
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	OMMITTEE (In Full) STS MUTUAL INSUR	ANCE CO	MPANY CIVI	C FUND									
A. Mr. Edward Mailing Addre City Bettendorf	ast, First, Middle Initial) d Wetzel ss 4918 Norfolk Drive	State IA	Zip Code 52722				/ sacti	25	: SA1		2013 20200 s Perio	-]
federal politication Name of Emp Iowa Mutual Ir Receipt For:	al committee.	C Occupation V. P. Claima Aggregate		330.00	– p	ayroll c	dedu	ction o	f \$15	3	1	5.00)
B. Mr. Edwar Mailing Addre City Bettendorf	ast, First, Middle Initial) d Wetzel ss 4918 Norfolk Drive per of contributing	State IA	Zip Code 52722				acti	08 on ID :	3 : SA1		s Perio]
federal politica Name of Emp Iowa Mutual Ir Receipt For: Primary Other (s	bloyer hs. Co.	C Occupation V. P. Claims Aggregate		345.00	– p: _	ayroll d	educ	ction of	f \$15	5	1	5.00	,
C. Mr. Edwa Mailing Addre City Bettendorf FEC ID numb federal politica Name of Emp lowa Mutual In Receipt For:	ss 4918 Norfolk Drive ber of contributing al committee. bloyer ns. Co.	State IA C Occupation V. P. Claim Aggregate		360.00			sacti t of	22 ion ID Each F	2 : SA 1 Recei	pt thi	s Perio	d 5.00	0
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUN	D	
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel				Date of Receipt
	Mailing Address 4918 Norfolk Drive	01-1-1-	7. 0.4		M M / D D / Y Y Y Y 12 06 2013
	City Bettendorf	State IA	Zip Code 52722		Transaction ID : SA11AI.20355 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			15.00
	Name of Employer	Occupation			payroll deduction of \$15
	Iowa Mutual Ins. Co. Receipt For:	V. P. Claim			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00		
в.	Full Name (Last, First, Middle Initial) Mr. Edward Wetzel				Date of Receipt
	Mailing Address 4918 Norfolk Drive				12 20 2013
	City	State	Zip Code		Transaction ID : SA11AI.20425
	Bettendorf	IA	52722		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			15.00
	Name of Employer Iowa Mutual Ins. Co.	Occupation V. P. Claims			payroll deduction of \$15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms Lisa Wharton				Date of Receipt
	Mailing Address 616 Birghton St				M M / D D / Y Y Y Y Y 10 11 2013
	City Pickerington	State OH	Zip Code 43147		Transaction ID : SA11AI.20204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			15.00
	Name of Employer	Occupation	1		payroll deduction of \$15
	Motorists Mutual Insurance Co	AVP, IT EP	MO		
	Receipt For:	Aggregate	Year-to-Date ▼ 315.00		
	UBTOTAL of Receipts This Page (optional)				45.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		X 11a		111	b	11c		12	
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	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND									
A.	Full Name (Last, First, Middle Initial) Ms Lisa Wharton				Date of	Re	ecei	pt				
	Mailing Address 616 Birghton St				10 25 2013							Y
	City Pickerington	State OH	Zip Code 43147		Trans Amount				SA11AI.			
	FEC ID number of contributing federal political committee.	С					7			_	15.	00
	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EP			payroll d	edu	ictio	on of \$	515			
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 330.00									
в.	Full Name (Last, First, Middle Initial) Ms Lisa Wharton				Date of	Re	ecei	pt				
	Mailing Address 616 Birghton St			11 08 2013								
	City Pickerington	State Zip Code Transaction ID : SA11AI.20206 OH 43147 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		7	_	15.	00
	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EP			payroll de	edu	ctio	n of \$	15			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00									
с.	Full Name (Last, First, Middle Initial) Ms Lisa Wharton				Date of	Re	ecei	pt				
	Mailing Address 616 Birghton St				^M ^M 11	/		22	/ Y)13	Y
	City Pickerington	State OH	Zip Code 43147		Trans Amount				SA11AI.			
	FEC ID number of contributing federal political committee.	С				o du		n of d	.	_	15.	.00
	Name of Employer	Occupation			payroll d	eau	JCTIC	on or a	015			
	Motorists Mutual Insurance Co Receipt For:	AVP, IT EP	MO Year-to-Date ▼	_								
	Primary General Other (specify) ▼		360.00									
s	UBTOTAL of Receipts This Page (optional)		••••••	<u> </u>			,				45.	00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	MOTORISTS MUTUAL INSUR	ANCE CO	OMPANY CIVIC FUND								
A.	Full Name (Last, First, Middle Initial) Ms Lisa Wharton				Date of	Re	ceipt				
	Mailing Address 616 Birghton St				M M 12	/	06		ү ү 2	2013	Y
	City Pickerington	State OH	Zip Code 43147		Trans Amount			SA11A Receipt			
	FEC ID number of contributing federal political committee.	С					<u></u>	,	_	15	.00
	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EP			payroll d	edu	ction of	f \$15			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		375.00								
в.	Full Name (Last, First, Middle Initial) Ms Lisa Wharton				Date of	Re	ceipt				
	Mailing Address 616 Birghton St				M M	1	20		y y 2(013	Y
	City Pickerington	State OH	Zip Code 43147		Trans Amount			SA11A Receipt			
	FEC ID number of contributing federal political committee.	С					<u></u>		_	15.	00
	Name of Employer Motorists Mutual Insurance Co	Occupation AVP, IT EP			payroll de	edu	ction of	\$15			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00								
С.	Full Name (Last, First, Middle Initial) Charles A. Wickert				Date of	Re	ceipt				
	Mailing Address 5519 Medallion Drive W.				м м 10	/	D 11			013	Y
	City Westerville	State OH	Zip Code 43082	-	Trans Amount			: SA11A Receipt			
	FEC ID number of contributing federal political committee.	С					л. I.				.00
	Name of Employer	Occupation	l		payroll d	leau	Ction of	f \$30			
	Motorists Mutual Ins. Co.	Sr. VP Life	Ops & Corp. Svs								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURANC	CE COMPANY CIVIC FUND	
,	State Zip Code OH 43082	Date of Receipt
Name of Employer Oc Motorists Mutual Ins. Co. Sr.	cupation VP Life Ops & Corp. Svs gregate Year-to-Date ▼ 660.00	payroll deduction of \$30
Westerville C FEC ID number of contributing federal political committee. C Name of Employer Motorists Mutual Ins. Co. Oct Sr.	State Zip Code DH 43082 Cupation VP Life Ops & Corp. Svs gregate Year-to-Date ▼ 690.00	Date of Receipt
Westerville C FEC ID number of contributing federal political committee. C Name of Employer Occ Motorists Mutual Ins. Co. Descript For: Sr.	State Zip Code OH 43082 Cupation VP Life Ops & Corp. Svs gregate Year-to-Date ▼ 720.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA		OMPANY CIVIC FUND)
Α.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.			Date of Receipt
	City Westerville	State OH	Zip Code 43082	12 06 2013 Transaction ID : SA11AI.20357 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Motorists Mutual Ins. Co. Receipt For:		Ops & Corp. Svs Year-to-Date ▼	payroll deduction of \$30
	Other (specify)		750.00]
в.	Full Name (Last, First, Middle Initial) Charles A. Wickert Mailing Address 5519 Medallion Drive W.			Date of Receipt
	City Westerville	State OH	Zip Code 43082	Transaction ID : SA11AI.20427 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Motorists Mutual Ins. Co. Receipt For:		Ops & Corp. Svs Year-to-Date ▼	
	Primary General Other (specify) ▼	Ayyreyale	780.00	1
c.	Full Name (Last, First, Middle Initial) Charles A. Williams			Date of Receipt
	Mailing Address 14924 S. R. 35, E.	State	Zip Code	10 11 2013 Transaction ID : SA11AI.20210
	Sunbury	ОН	43074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. F		payroll deduction of \$15
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 315.00]
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA													
Α.	Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.				Date of Receipt									
	City Sunbury	State OH	Zip Code 43074		Transa		on ID :	SA11AL	20211	1				
	FEC ID number of contributing federal political committee.	С			ayroll de	educ	ction of	\$15	1:	5.00				
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P Aggregate		p	ayron u	euut		φIJ						
	Other (specify) ▼		330.00											
B.	Full Name (Last, First, Middle Initial) Charles A. Williams				Date of	Red	· ·							
	Mailing Address 14924 S. R. 35, E. City	11 08 2013 Transaction ID : SA11AI.20212												
	Sunbury	ОН	43074		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.		15.00											
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		— pa	payroll deduction of \$15									
	Receipt For: Primary General Other (specify) ▼	For: Aggregate Year-to-Date ▼ imary General												
C.	Full Name (Last, First, Middle Initial) Charles A. Williams				Date of	Red	ceipt							
	Mailing Address 14924 S. R. 35, E.	Chata	Zin Onda		M M	/	22		2013	Ŷ				
	City Sunbury	State OH	Zip Code 43074					SA11AL. Receipt th		1				
	FEC ID number of contributing federal political committee.	С			avroll d			фаг.	1	5.00				
	Name of Employer	Occupation		P	ayroll d	eau		ςι¢						
	Motorists Mutual Ins. Company Receipt For:	Assist. V. P		_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA	ANCE CO	OMPANY CIVIC FUND												
Α.	Full Name (Last, First, Middle Initial) Charles A. Williams Mailing Address 14924 S. R. 35, E.				Date of		D . [iiiing contributions itting contributions such committee. y 2013 IAI.20358 this Period 15.00 AI.20428 this Period 15.00	7					
	City Sunbury	State OH	Zip Code 43074	_				SA11AI.	20358						
	FEC ID number of contributing federal political committee.	С					7				0				
	Name of Employer Motorists Mutual Ins. Company Receipt For:	Occupation Assist. V. P	F	 payroll deduction of \$15 											
	Primary General Other (specify)														
В.	Full Name (Last, First, Middle Initial) Charles A. Williams				Date of	Re	· ·				_				
	Mailing Address 14924 S. R. 35, E. City														
	Sunbury	State OH	Zip Code 43074		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00											
	Name of Employer Motorists Mutual Ins. Company	Occupation Assist. V. P		— payroll deduction of \$15											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00		-										
С.	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date of	Re	ceipt								
	Mailing Address 90 Timberknoll Loop		M = M / D = D / Y = Y = Y = Y												
	City Powell	State OH	Zip Code 43065							od					
	FEC ID number of contributing federal political committee.	ě									00				
	Name of Employer	Occupation		<u>ا</u>	oayroll d	ieuu		φου							
	Motorists Mutual Ins Company Receipt For:	Sr VP,Trea	,												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 735.00												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop				Date of	Re	eceipt	D /	Y	Y Y	Y			
	City Powell	State OH	Zip Code 43065					: SA11	AI.202		_			
	FEC ID number of contributing federal political committee.	С			Amount		7	,			.00			
	Name of Employer Motorists Mutual Ins Company Receipt For: Primary General	Occupation Sr VP,Treas Aggregate	s.,CFO Year-to-Date ▼		bayroll d	edu	iction c	of \$35						
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop	L	770.00	_	Date of	[:] Re	eceipt	D /	Y	YY	Y			
	City Powell	State OH	Zip Code 43065		11		08 ion ID	8 : SA11	AI.202			_		
	FEC ID number of contributing federal political committee.	Occupation		— p	payroll deduction of \$35									
	Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	Sr VP,Treas	s.,CFO Year-to-Date ▼ 805.00]										
c.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop				Date of	Re	eceipt	D /	Y	Y Y	Y			
	City Powell	State OH	Zip Code 43065		11 Trans Amount			: SA11	AI.20					
	FEC ID number of contributing federal political committee.	С			payroll d	ledı	, uction (of \$35		35	.00			
	Name of Employer Motorists Mutual Ins Company Receipt For: Primary General Other (specify) ▼	Occupation Sr VP,Trea Aggregate]										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) MOTORISTS MUTUAL INSURA														
Α.	Full Name (Last, First, Middle Initial) Michael L. Wiseman Mailing Address 90 Timberknoll Loop		Detailed summary name 13 14 15 1 end address of any political committee to solicit contributions from such com CE COMPANY CIVIC FUND Date of Receipt 12 06 201 Transaction ID : SA11AL20359 Amount of Each Receipt this Per payroll deduction of \$35 Pregate Year-to-Date ▼ supation (P, Treas., CFO) gregate Year-to-Date ▼ 910,00 Date of Receipt 12 20 21 20 21 20 22 20 23 24 24 24 25 24 26 24 27 24 28 <td>V -</td> <td colspan="8">Y Y</td>	V -	Y Y										
					12		L	06	JL	201	13	Ŷ			
	City Powell	State OH	•												
	FEC ID number of contributing federal political committee.	С					7				35.0	00			
	Name of Employer	Occupation		p	ayroll o	dedu	ictior	n of S	\$35						
	Motorists Mutual Ins Company														
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 875.00														
В.	Full Name (Last, First, Middle Initial) Michael L. Wiseman				Date o	f Re	eceip	ot							
	Mailing Address 90 Timberknoll Loop														
	City	_													
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	FEC ID number of contributing federal political committee.		35.00												
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с.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceip	ot							
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\backslash	NAME OF COMMITTEE (In Full)			~		_											
	MOTORISTS MUTUAL INSURANCE	CE CON	MPANY CIVI	CF	JN	D											
Α.	Full Name (Last, First, Middle Initial) Stivers for Congress		Da	ate c	of Di	sburs	en	nent									
	Mailing Address 211 S. Fifth St.				10 / D D / Y Y Y Y 10 03 2013												
	Columbus	State OH	Zip Code 43215				Transaction ID : SB23.20433										
	Purpose of Disbursement Contribution			C)11		Amount of Each Disbursement this Period										
	Candidate Name			Cate	egor ype	y/				,	2			500	0.00		
	Senate President	nent For: Primary Other (spe	X General														
в.	State: District: Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS									sburs							
	Mailing Address 2931 E Dublin Granville Road Suite 190								10 03 2013								
	Columbus	State OH	Zip Code 43231				Transaction ID : SB23.20430										
	Purpose of Disbursement Contribution			(011		An	nour	nt of	Each	ιC	Disburse	men	t this	Period		
	Candidate Name			Cate T	egor ype	y/				,		. ,		500	0.00		
	Senate President	nent For: Primary Other (spe	2014 X General ccify) ▼														
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C.							_	ate c	_	sburs			/ Y	Y	Y		
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	City	State	Zip Code														
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	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General ccify) ▼							,		,					
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\square	NAME OF COMMITTEE (In Full)					_												
$ \rangle$	MOTORISTS MUTUAL INSURAN			C Fl	JN	D												
<u> </u>	Full Name (Last, First, Middle Initial)																	
Α.	Citizens for Hottinger						Date c											
	Mailing Address 2135 Horns Hill Drive																	
	5	State OH	Zip Code				Amount of Each Disbursement this Period											
	Newark Purpose of Disbursement	UH	43055	_	_													
	Contribution			C)11													
	Candidate Name			Cate T	egor ype	ry/			7	7	100	00.00						
	Senate President	ment For: Primary Other (spe	General cify) ▼															
	State: District:																	
В.	Full Name (Last, First, Middle Initial) Husted for Ohio						Date o											
	Mailing Address 148 Sherbrooke Drive						M 11	/	D 1	4	2013	Y						
	Kettering	State OH	Zip Code 45429				Tran	sact	ion ID	: SB29.2	0435							
	Purpose of Disbursement Contribution			()11		Amour	nt of	Each	Disburse	ment this	Period						
	Candidate Name			Cate		y/			,	,		00.00						
	Office Sought: X House Disburset Senate President	ment For: Primary Other (spe	General cify) ▼															
	State: OH District: 37																	
C.	Full Name (Last, First, Middle Initial)						Date o		sburse		YY							
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